megestrol (meg-ess-trole)
Skyla, Megace ES, Megace OS

**Classification**
Therapeutic: antineoplastics, hormones
Pharmacologic: progestins

**Pregnancy Category D** (tablets), X (suspension)

**Indications**
Palliative treatment of endometrial and breast carcinoma, either alone or with surgery or radiation (tablets only). Treatment of anorexia, weight loss, and cachexia associated with AIDS (oral suspension only).

**Action**
Antineoplastic effects may result from inhibition of pituitary function. Therapeutic Effects: Regression of tumor. Increased appetite and weight gain in patients with AIDS.

**Pharmacokinetics**

- **Absorption:** Well absorbed from the GI tract.
- **Distribution:** Unknown.
- **Protein Binding:** 90%.
- **Metabolism and Excretion:** Completely metabolized by the liver.
- **Half-life:** 38 hr (range 13–104 hr).

**TIME/ACTION PROFILE (antineoplastic activity)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>wk-mos</td>
<td>2 mo</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

- **Contraindicated in:** Hypersensitivity; Undiagnosed vaginal bleeding; Severe liver disease; Suspension contains alcohol and should be avoided in patients with known intolerance; OB, Lactation: Pregnancy or lactation.
- **Use Cautiously in:** Diabetes; Mental depression; Renal disease; History of thrombophlebitis; Cardiovascular disease; Seizure disorders.

**Adverse Reactions/Side Effects**

- **CV:** Thromboembolism, edema.
- **GI:** GI irritation.
- **Derm:** Alopecia.
- **Endo:** Asymptomatic adrenal suppression (chronic therapy).
- **GU:** Vaginal bleeding.
- **Hemat:** Thrombophlebitis.
- **MS:** Carpal tunnel syndrome.

**Interactions**

- **Drug-Drug:** None significant.

**Route/Dosage**

- **PO (Adults):**
  - Breast carcinoma—160 mg/day single dose or divided doses; endometrial/ovarian carcinoma—40–320 mg/day in divided doses; anorexia associated with AIDS—800 mg/day; may be 400 mg/day after 1 mo (range 400–800 mg/day).

**NURSING IMPLICATIONS**

- **Assessment:**
  - Anorexia: Monitor weight, appetite, and nutritional intake in patients with AIDS.
  - Potential Nursing Diagnoses
    - Imbalanced nutrition: less than body requirements (indications)

- **Implementation:**
  - Because of high dose, suspension is most convenient form for patients with AIDS.
  - Do not confuse Megace 800 mg/20 mL with Megace ES 625 mg/5 mL.
  - PO: May be administered with meals if GI irritation becomes a problem.

- **Patient/Family Teaching:**
  - Instruct patient to take medication exactly as directed. Do not skip or double up on missed doses. Missed doses may be taken as long as it is not right before next dose. Gradually decrease dose prior to discontinuation.
  - Advise patient to report to health care professional any unusual vaginal bleeding or signs of deep venous thrombophlebitis.
  - Discuss with patient the possibility of hair loss. Explore methods of coping.
  - Advise patient that this medication may have teratogenic effects. Contraception should be used during therapy and for at least 4 mo after therapy is completed. Advise patient to notify health care professional immediately if pregnancy is planned or suspected or breast feeding.

**Adverse Reactions/Side Effects**

- **CV:** Thromboembolism, edema.
- **GI:** GI irritation.
- **Endo:** Asymptomatic adrenal suppression (chronic therapy).
- **GU:** Vaginal bleeding.

**Interactions**

- **Drug-Drug:** None significant.

**Route/Dosage**

- **PO (Adults):**
  - Breast carcinoma—160 mg/day single dose or divided doses; endometrial/ovarian carcinoma—40–320 mg/day in divided doses; anorexia associated with AIDS—800 mg/day; may be 400 mg/day after 1 mo (range 400–800 mg/day).

**NURSING IMPLICATIONS**

- **Assessment:**
  - Anorexia: Monitor weight, appetite, and nutritional intake in patients with AIDS.
  - Potential Nursing Diagnoses
    - Imbalanced nutrition: less than body requirements (indications)

- **Implementation:**
  - Because of high dose, suspension is most convenient form for patients with AIDS.
  - Do not confuse Megace 800 mg/20 mL with Megace ES 625 mg/5 mL.
  - PO: May be administered with meals if GI irritation becomes a problem.

- **Patient/Family Teaching:**
  - Instruct patient to take medication exactly as directed. Do not skip or double up on missed doses. Missed doses may be taken as long as it is not right before next dose. Gradually decrease dose prior to discontinuation.
  - Advise patient to report to health care professional any unusual vaginal bleeding or signs of deep venous thrombophlebitis.
  - Discuss with patient the possibility of hair loss. Explore methods of coping.
  - Advise patient that this medication may have teratogenic effects. Contraception should be used during therapy and for at least 4 mo after therapy is completed. Advise patient to notify health care professional immediately if pregnancy is planned or suspected or breast feeding.
Evaluation/Desired Outcomes

- Slowing or arresting the spread of endometrial or breast malignancy. Therapeutic effects usually occur within 2 mos of initiating therapy.
- Increased appetite and weight gain in patients with AIDS.

Why was this drug prescribed for your patient?