meprobamate (me-pro-ba-mate)

**Classification**
- Antianxiety agent, sedative/hypnotic
- Pharmacologic: carbamates

**Schedule IV**

**Pregnancy Category D**

**Indications**
- Anxiety disorders (provides sedation).

**Action**
- Produces CNS depression by acting at multiple sites in the CNS.
- Therapeutic effects:
  - Sedation.

**Pharmacokinetics**
- Absorption:
  - Well absorbed after oral administration.
- Distribution:
  - Widely distributed. Crosses the placenta; enters breast milk in high concentrations.
- Metabolism and Excretion:
  - Metabolized by the liver.
- Half-life:
  - 6–16 hr.

**TIME/ACTION PROFILE (sedation)**

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<tr>
<th>ROUTE</th>
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<td>PO</td>
<td>1 hr</td>
<td>1–3 hr</td>
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**Contraindications/Precautions**
- Contraindicated in:
  - Hypersensitivity; Comatose patients or those with pre-existing CNS depression; Uncontrolled severe pain; OB, Lactation: Pregnancy and lactation.
- Use Cautiously in:
  - Hepatic dysfunction or severe renal impairment; History of suicide attempt or drug abuse; Geri: Appears on Beers list and is associated with falls.

**Dosage**
- **PO (Adults):** 400 mg 3–4 times daily (not to exceed 2400 mg/day).
- **PO (Children 6–12 yr):** 100–200 mg 2–3 times daily.

**Renal Impairment**
- **PO (Adults):** CCr 10–50 mL/min—Administer q 12 hr; CCr 10 mL/min—Administer q 12–18 hr.

**Adverse Reactions/Side Effects**
- **CNS:** drowsiness.
- **EENT:** blurred vision.
- **CV:** hypotension.
- **GI:** anorexia, diarrhea, nausea, vomiting.
- **Derm:** pruritus, rashes, urticaria.
- **Neuro:** ataxia.
- **Misc:** hypersensitivity reactions, physical dependence, psychological dependence, tolerance.

**Interactions**
- **Drug-Drug:** Additive CNS depression with other CNS depressants, including alcohol, antihistamines, opioid analgesics, and other sedative/hypnotics.
- **Drug-Natural Products:** Concomitant use of kava, valerian, skullcap, chamomile, or hops can cause CNS depression.

**Route/Dosage**

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**Adverse Reactions/Side Effects**

**Pharmacology**

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**NURSING IMPLICATIONS**

**Assessment**
- Assess degree and manifestations of anxiety before and periodically throughout therapy.
- Monitor BP and pulse rate before and during initial therapy.
- Evaluate high-dose therapy for signs of psychological or physical dependence.
- Record amount of drug available to patient.
- Use safety measures to limit access to drug.
- Monitor patient for fall-related injuries.

**Laboratory Considerations**
- Monitor TSH periodically during therapy.

**Potential Nursing Diagnoses**
- Anxiety (Indications)
- Risk for injury (Side Effects)
- Deficient knowledge, related to medication regimen (Patient/Family Teaching)

**Patient/Family Teaching**
- Instruct patient to take medication exactly as directed. Take missed dose if remembered within 1 hr; if remembered later, do not take. Do not double doses.

**Adverse Reactions/Side Effects**

- CNS: dizziness, drowsiness, vertigo
- CV: hypotension
- GI: anorexia, diarrhea, nausea, vomiting
- Derm: pruritus, rashes, urticaria
- Neuro: ataxia
- Misc: hypersensitivity reactions, physical dependence, psychological dependence, tolerance

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Abrupt discontinuation may precipitate pre-existing symptoms or withdrawal reactions within 12–48 hr (vomiting, diarrhea, muscle twitching, confusion, hallucinations, convulsions). Symptoms usually subside within 12–48 hr.

- May cause drowsiness and blurred vision. Caution patient to avoid driving and other activities requiring alertness until effects of drug are known.
- Caution patient to change positions slowly to minimize orthostatic hypotension.
- Advise patient to avoid concurrent use of alcohol or other CNS depressants.
- Instruct patient to notify health care professional if pregnancy is planned or suspected, or if breast feeding.
- Advise patient to notify health care professional if skin rash, sore throat, or fever occurs.
- Emphasize the importance of participation in psychotherapy if recommended by health care professional and follow-up exams to evaluate progress.

Evaluation/Desired Outcomes

- Decrease in the signs and symptoms of anxiety.
- Sedation.

Medication’s efficacy should be reassessed periodically. Therapy is generally of less than 4 mo duration.

Why was this drug prescribed for your patient?