moclobemide (moe-kloe-be-mide)

**Uses:**

**Classification:**

Therapeutic: antidepressants
Pharmacologic: monoamine oxidase (MAO) inhibitors, benzamides

**Indications:**

Treatment of depression.

**Action:**

Short-acting, Reversible Inhibitor of Monoamine oxidase type A (RIMA). Increases concentrations of serotonin, norepinephrine and dopamine. Therapeutic Effects: Decreased symptoms of depression, with improved mood and quality of life.

**Pharmacokinetics:**

Absorption: 98% absorbed following oral administration, but undergoes first-pass hepatic metabolism resulting in 90% bioavailability.

Distribution: Unknown.

Metabolism and Excretion: Extensively metabolized (partially by CYP2C19 and CYP2D6), very small amounts are pharmacologically active, less than 1% excreted unchanged in urine.

Half-life: 1.5 hr (increases with dose).

**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>days-several weeks</td>
<td>0.5–3.5 hr (blood levels)</td>
<td>24 hr (MAO-A inhibition)</td>
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</tbody>
</table>

**Contraindications/Precautions**

Contraindicated in: Known hypersensitivity; Acute confusional states; Pedi: Safe use in children <18 yr has not been established, use is not recommended; Concurrent use of tricyclic antidepressants; Concurrent use of SSRIs or other MAO inhibitors; Concurrent use of desmopressin, ergotamine, selegiline or thioridazine. Use Cautiously in: History of suicide attempt or ideation; History of thyrotoxicosis or pheochromocytoma (possible risk of hypertensive reaction); Severe hepatic impairment (e.g. dose required); Renal impairment; OB: Safe use in pregnancy has not been established, should not be used unless anticipated benefits justify potential harm to fetus; Lactation: Not recommended unless anticipated benefits justify potential harm to infant.

**Adverse Reactions/Side Effects**

CNS: SUICIDAL IDEATION, agitation, insomnia, restlessness, tremor.

CV: hypotension.

**Interactions**

**Drug-Drug:**

- Levels and risk of QT prolongation with thioridazine, avoid concurrent use. Concurrent use with selegiline greatly increases sensitivity to tyramine and is contraindicated. Concurrent use with tricyclic antidepressants may result in severe adverse reactions and is contraindicated. Should not be used with SSRIs or other MAO inhibitors; when making a switch allow 4–5 half-lives of previous drug; for fluoxetine wait at least 5 wk. Excessive alcohol should be avoided.

- Cimetidine inhibits metabolism and raises blood levels, should be discontinued at least 2 days prior to procedures.

**Drug-Food:**

- Ingestion of large amounts of tyramine-containing foods may result in serious, tremor, nausea and vomiting and should be avoided.
some cheeses and Marmite yeast extract may result in hypertension and arrhythmias and should be undertaken with caution.

**Route/Dosage**

**PO (Adults):** 50 mg twice daily initially, increased gradually after one week as needed to a total of 150 mg/day.

**Hepatic Impairment**

**PO (Adults):** Severe hepatic impairment or concurrent enzyme inhibitor (cimetidine) — Decrease dose to 1/2 to 1/3 of standard dose.

**NURSING IMPLICATIONS**

**Assessment**

- Assess mental status for orientation, mood, behavior and anxiety. Assess for suicidal tendencies. Restrict amount of drug available to patient.
- Monitor BP and pulse before and frequently during therapy. Report significant changes promptly.
- Monitor mood changes. Assess for suicidal tendencies, especially during early therapy. Restrict amount of drug available to patient.
- Monitor weight and output every day. Assess patient for peripheral edema and urinary retention.
- **Initial Considerations:** Monitor liver and kidney function periodically during treatment.
- **Monitor** urine glucose and serum electrolytes every day. Assess patient for peripheral edema and urinary retention.
- **Pentolinamine:** Monitor urine glucose and serum electrolytes every day. Assess patient for peripheral edema and urinary retention.
- **Symptoms of overdose include anorexia, irritability, tachycardia, hypertension or hypotension, respiratory distress, diarrhea, headache, nausea, vomiting, photophobia, and blurred vision.** Treatment includes 5 phenoxybenzamine.
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**Potential Nursing Diagnoses**

- Ineffective coping
- Noncompliance (Patient/Family Teaching)

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**Implementation**

- Administer after meals. Swallow tablets whole; do not crush, break, or chew. Dose may be adjusted gradually during the first weeks of therapy.

**Patient/Family Teaching**

- **Instruct patient to take medication as directed.** Take missed doses if remembered within almost time for next dose; do not double doses. Do not discontinue abruptly; withdrawal symptoms (nausea, vomiting, malaise, agitation, symptoms, suicide) may occur. **Advise patient to read Patient Information leaflet prior to starting and with each refill in case of changes.**
- **Caution patient to avoid alcohol, OTC drugs, and foods or beverages containing tyramine during and for at least 1 wk after therapy has been discontinued.** They may precipitate a hypertensive crisis. **Contact health care professional immediately if symptoms of hypotension occur.**
- **Caution patient to notify health care professional if thoughts about suicide or dying, attempts to commit suicide; new or worse depression; new or worse anxiety; feeling very agitated or restless; panic attacks; trouble sleeping; new or worse irritability; acting aggressive; being angry or violent; acting on dangerous impulses; an extreme increase in activity and talking; other unusual changes in behavior or mood occur.**
- **Instruct patient to carry identification describing medication regimen.**
- **Advise female patients to notify health care professional if pregnancy is planned or suspected or if breast feeding or planning to breast feed.**
- Encourage patient to participate in psychotherapy in conjunction with taking medication.

**Evaluation/Desired Outcomes**

- **Improved mood in depressed patients.**
- **Decreased anxiety.**
- **Additional counseling**

Why was this drug prescribed for your patient?