nefazodone  (neff-a-zoe-done)

Classifications
Therapeutic: antidepressants

Pregnancy Category C

Indications
Major depression. Unlabeled Use: Panic disorder, post-traumatic stress disorder (PTSD)

Action
Inhibits the reuptake of serotonin and norepinephrine by neurons. Antagonizes alpha-1-adrenergic receptors. Therapeutic Effects: antidepressant action, which may develop only after several weeks.

Pharmacokinetics
Absorption: Well absorbed but undergoes extensive and variable first-pass hepatic metabolism (bioavailability about 20%).

Distribution: Widely distributed, enters the CNS.

Protein Binding: 99%.

Metabolism and Excretion: Extensively metabolized. One metabolite (hydroxynefazodone) has antidepressant activity.

Half-life: Nefazodone—2–4 hr; hydroxynefazodone—1.5–4 hr.

TIME/ACTION PROFILE (antidepressant action)

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>days—wk</td>
<td>several wk</td>
<td>unknown</td>
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Contraindications/Precautions
Contraindicated in: Hypersensitivity; Concurrent MAO inhibitor therapy; Active liver disease or baseline q serum transaminases.

Use Cautiously in: May risk of suicide attempt/ideation especially during dose early treatment or dose adjustment; History of suicide attempt or drug abuse; Underlying cardiovascular or cerebrovascular disease; History of manic; Safety not established; Lactation: Discontinue drug or bottle-feed; Pedi: Safety not established in children; suicide risk may be greater in children and adolescents; Geri: limited experience at lower doses.

Adverse Reactions/Side Effects

Interactions
Drug-Drug: Serious, potentially fatal reactions may occur during concurrent use with MAO inhibitors (do not use concurrently or within 2 wk of MAO inhibitors; discontinue nefazodone at least 14 days before starting MAO inhibitor therapy). ↑ CYP3A4 with other CYP3A4 inhibitors including alcohol, antihistamines, opioid analgesics, and sedative/hypnotics. May ↑ blood levels and effects of alprazolam or triazolam. May ↑ serum digoxin levels.

Additive hypotension may occur with antihypertensives, nitrates, or acute ingestion of alcohol. May ↑ risk of myopathy with HMG-CoA reductase inhibitors. May ↑ antipsychotic activity with concurrent use of carbamazepine. May ↓ clearance of haloperidol, debrisoquin.

Drug-Natural Products: ↑ CYP3A4 with St. John’s wort and SAMe, kava-kava, valerian, or chamomile can ↑ CNS depression.

Route/Dosage
PO (Adults): 100 mg twice daily initially, may be ↑ weekly up to 600 mg/day in 2 divided doses.

PO (Geriatric Patients): 50 mg twice daily initially, may be ↑ weekly as tolerated.

NURSING IMPLICATIONS
Assessment
• Assess mental status (orientation, mood, behavior) frequently. Inform health care professional if patient demonstrates significant increase in anxiety, nervousness, or irritability.
• Assess suicidal tendencies, especially in early therapy. Restrict amount of drug available to patient.
• Monitor BP and pulse before and periodically during therapy.

Lactation: Discontinue drug or bottle-feed. Pedi: Safety not established in children; suicide risk may be greater in children and adolescents; Geri: limited experience at lower doses.

Discontinued.
Monitor liver function tests prior to and routinely during therapy. Obtain LFTs at first sign of hepatic dysfunction (nausea, vomiting, abdominal pain, fatigue, anorexia, dark urine).

Assess for sexual dysfunction throughout treatment.

Testosterone levels may decrease in hematoctics and leukocytes.

Monitor liver function periodically. If serum AST or ALT levels are >3 times the upper limit of normal discontinue nefazodone.

May also cause hyperkalemia and hypertension.

**Potential Nursing Diagnoses**

- Ineffective coping (Indications)
- Risk for injury (Side Effects)

**Implementation**

- Do not confuse Serzone (nefazodone) with Seroquel (quetiapine).
- Do not confuse Serzone (nefazodone) with Seroquel (quetiapine).
- Discontinue nefazodone prior to elective surgery to prevent potential interactions with general anesthetics.
- PO: Administer doses twice daily.

**Patient/Family Teaching**

- Instruct patient to take medication as directed. Several weeks may be required to obtain a full antidepressant response. Once response is obtained, therapy should be continued for at least 6 mo. If a dose is missed, take as soon as possible unless almost time for next dose. Do not double doses.
- May cause drowsiness or dizziness. Caution patient to avoid driving or other activities requiring alertness until response to the drug is known.
- Advise patient to make position changes slowly to minimize orthostatic hypotension.
- Encourage patient and family to be alert for emergence of anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia, hypomania, mania, worsening of depression and suicidal ideation, especially during early antidepressant therapy. Assess symptoms on a day-to-day basis as changes may be abrupt. If these symptoms occur, notify health care professional immediately.
- Advise patient to avoid taking alcohol or other CNS depressant drugs during therapy and not to take other prescription, OTC medications, or herbal products without consulting health care professional.
- Instruct patient to notify health care professional immediately if signs of liver dysfunction (jaundice, anorexia, GI complaints, malaise, dark urine) occur.
- Inform patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy may minimize dry mouth. If dry mouth persists for more than 2 wk, consult health care professional regarding use of saliva substitute.
- Instruct patient to notify health care professional of signs of allergy (rash, hives) or if agitation, blurred or other changes in vision, confusion, dizziness, unusual or difficult or frequent urination, difficulty concentrating, or memory problems occur.
- Instruct female patient to inform health care professional if pregnancy is planned or suspected or if breast feeding.
- Instruct patient to use mouthwash or other oral hygiene products.

**Evaluation/Desired Outcomes**

- Increased sense of well-being.
- Renewed interest in surroundings. May require several weeks of therapy to obtain full response. Need for therapy should be periodically reassessed. Therapy is usually continued for 6 mo or more.

Why was this drug prescribed for your patient?