olsalazine (ole-sal-a-zen)

Dipentum

Classification
Therapeutic: gastrointestinal anti-inflammatories
Pregnancy Category C

Indications
Ulcerative colitis (when patients cannot tolerate sulfasalazine).

Action
Locally acting anti-inflammatory action in the colon, where activity is probably due to inhibition of prostaglandin synthesis. Therapeutic Effects: Reduction in the symptoms of inflammatory bowel disease.

Pharmacokinetics
Absorption: Acts locally in colon, where 98–99% is converted to mesalamine (5-aminosalicylic acid).
Distribution: Action is primarily local and remains in the colon.
Metabolism and Excretion: 2% absorbed into systemic circulation is rapidly metabolized; mostly eliminated as mesalamine in the feces.
Half-life: 0.9 hr.

TIME/ACTION PROFILE (levels)
ROUTE ONSET PEAK DURATION
PO unknown 1 hr; 4–8 hr 12 hr

Contraindications/Precautions
Contraindicated in: Hypersensitivity reactions to salicylates; Cross-sensitivity with furosemide, sulfonylurea hypoglycemic agents, or carbonic anhydrase inhibitors may exist; Glucose-6-phosphate dehydrogenase (G6PD) deficiency; Urinary tract or intestinal obstruction; Porphyria.

Lactation: Lactation; Pedi: Children <2 yr (safety not established).
Use Cautiously in: Severe hepatic or renal impairment; Renal impairment (q; risk of renal tubular damage); OB: Pregnancy; Geri: Consider patient’s body mass, hepatic/re- nal function, intercurrent illness and drug therapies.

Adverse Reactions/Side Effects
Drug-Drug: ↑ risk of bleeding after neuraxial anesthesia with low molecular weight heparins and heparinoids; discontinue olsalazine before initiation of therapy or monitor closely if discontinuation not possible. May ↓ metabolism, and ↑ effects/toxicity of methotrexate or thapsigargin with and ↑ risk of methotrexate toxicity (use lowest possible dose and monitor closely). ↑ risk of developing Reye’s syndrome: avoid salicylates during varicella vaccination.

Route/Dosage
PO (Adults): 500 mg twice daily.

NURSING IMPLICATIONS
Assessment
● Assess patient for allergy to sulfonamides and salicylates. Patients allergic to sulfasalazine may take mesalamine or olsalazine without difficulty, but therapy should be discontinued if rash or fever occur.

● Monitor intake and output ratios. Fluid intake should be sufficient to maintain a urine output of at least 1200–1500 mL daily to prevent crystalluria and stone formation.

● Inflammatory Bowel Disease: Assess abdominal pain and frequency, quantity, and consistency of stools at the beginning of and throughout therapy.

● Lab Test Considerations: Monitor urinalysis, BUN, and serum creatinine prior to and periodically during therapy.

● Olsalazine may cause ↑ AST and ALT levels.

● Lab Test Considerations: Monitor CBC prior to and every 3–6 mo during prolonged therapy. Discontinue olsalazine if blood dyscrasias occur.

Potential Nursing Diagnoses
Acute pain (Indications)
Diarrhea (Indications)

Implementation
● PO: Administer with food to reduce incidence of diarrhea every 12 hr.

NURSE'S ROLE
- Consider drug name. | Genetic Implication. | OPTICS indicate life-threatening; underline indicate most frequent. | Discontinued.
Patient/Family Teaching

- Instruct patient to take medication as directed, even if feeling better. Take missed doses as soon as remembered unless almost time for next dose.
- May cause dizziness. Caution patient to avoid driving or other activities that require alertness until response to medication is known.
- Advise patient to notify health care professional if skin rash, sore throat, fever, mouth sores, unusual bleeding or bruising, swelling, dozen, or lives occurs.
- Instruct patient to notify health care professional if symptoms do not improve after 1–2 mos of therapy.
- Instruct patient to notify health care professional if symptoms worsen or do not improve. If symptoms of acute intolerance (cramping, acute abdominal pain, bloody diarrhea, fever, headache, rash) occur, discontinue therapy and notify health care professional immediately.
- Inform patient that proctoscopy and sigmoidoscopy may be required periodically during treatment to determine response.

Evaluation/Desired Outcomes

- Decrease in diarrhea and abdominal pain.
- Return to normal bowel pattern in patients with inflammatory bowel disease. Effects may be seen within 3–21 days. The usual course of therapy is 3–6 wk.
- Maintenance of remission in patients with inflammatory bowel disease.
- Decrease in pain and inflammation, and increase in mobility in patients with rheumatoid arthritis.

Why was this drug prescribed for your patient?