**pindolol** (pin-do-eole)

**Classification**
Therapeutic: antihypertensives
Pharmacologic: beta blockers

**Pregnancy Category** B

**Indications**

**Action**
Blocks stimulation of beta1 (myocardial) and beta2 (pulmonary, vascular, and uterine) adrenergic receptor sites. Has intrinsic sympathomimetic activity (ISA), which may produce less bradycardia.

**Therapeutic Effects:**
Decreased heart rate and BP.

**Pharmacokinetics**
Absorption: Well absorbed following oral administration.
Distribution: Moderate CNS penetration. Crosses the placenta; enters breast milk.
Metabolism and Excretion: Partially metabolized by the liver; 50% excreted unchanged by the kidneys.
Half-life: 3–4 hr.

**Contraindications/Precautions**
Contraindicated in: Uncompensated HF; Pulmonary edema; Cardiogenic shock; Bradycardia or heart block.
Use Cautiously in: Renal impairment; Hepatic impairment; Geri: May have hypersensitivity to beta blockers; initial dose reduction recommended; Pulmonary disease (including asthma); Diabetes mellitus (may mask signs of hypoglycemia); Hypothyroidism; Pregnancy (may mask symptoms); Patients with a history of severe allergic reactions (intensity of reactions may be increased).

**Adverse Reactions/Side Effects**
CNS: Fatigue, weakness, anxiety, depression, dizziness, drowsiness, insomnia, memory loss, mental status changes, nervousness, nightmares.
EENT: Blurred vision, dry eyes, nasal stuffiness.
Resp: Bronchospasm, wheezing.
CV: Arrhythmias, bradycardia, HF, pulmonary edema, orthostatic hypotension, peripheral vasoconstriction.
GI: Constipation, diarrhea, nausea, GU: Erectile dysfunction, impotence, decreased erection, hyperglycemia, hypoglycemia, back pain, muscle cramps.
Endo: Gynecomastia, miscellaneous drug-induced hepatitis.

**Interactions**
Drug-Drug: General anesthesia, IV phenytoin, and verapamil may cause additive myocardial depression. Additive hypotension may occur with other antihypertensives, acute ingestion of alcohol, or nitrites. Contraindicated with amphetamines, ephedrine, epinephrine, norepinephrine, pseudoephedrine, or theophylline. May result in opposite alpha-adrenergic stimulation (excessive hypertension, bradycardia). Concomitant thyroid preparations may alter effectiveness. May alter the effectiveness of insulin or oral hypoglycemic agents (dosage adjustments may be necessary). May increase effectiveness of beta-adrenergic bronchodilators. Theophylline: May be beneficial for bronchodilator effects of dopamine: confabulation. Use cautiously within 14 days of MAO inhibitors (may result in hypertensive crisis). Concomitant NSAIDs may potentiate antihypertensive action.

**Route/Dosage**
PO (Adults): 5 mg twice daily initially; may be increased by 10 mg/day q 2–3 wk as needed (up to 45–60 mg/day).

**NURSING IMPLICATIONS**

**Assessment**
- Monitor BP and pulse frequently during dose adjustment and periodically throughout therapy. Assess for orthostatic hypotension when assessing patient’s response to therapy.
- Monitor intake and output ratios and daily weight. Assess patient routinely for evidence of fluid overload (peripheral edema, dyspnea, rales/crackles, fatigue, weight gain, jugular venous distention).

**Potential Nursing Diagnoses**
- Fluid volume excess (Interventions: Monitor intake and output ratios; restrict fluids as needed).

**Patient/Family Teaching**
- Instruct patient to take medication as directed. Stopping medication suddenly may result in withdrawal reactions (shaking, sweating, tachycardia, and increased blood pressure).

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Angina:

- Assess frequency and characteristics of anginal attacks periodically throughout therapy.
- **Lab Test Considerations:** May cause ↑ BUN, serum lipoprotein, potassium, triglyceride, and uric acid levels.
- May cause ↑ WBCs.
- May cause ↑ blood glucose levels.

### Potential Nursing Diagnoses

- Decreased cardiac output (Side Effects)
- Noncompliance (Patient/Family Teaching)

### Implementation

- **PO:** Take apical pulse prior to administering. If <50 bpm or if arrhythmia occurs, withhold medication and notify health care professional.
- May be administered with food or on an empty stomach.

### Patient/Family Teaching

- Instruct patient to take medication as directed, at the same time each day, even if feeling well; do not skip or double up on missed doses. Take missed dose as soon as possible up to 4 hr before next dose. Abrupt withdrawal may precipitate life-threatening arrhythmias, hypertension, or myocardial ischemia.
- Advise patient to make sure enough medication is available for weekends, holidays, and vacations. A written prescription may be kept in wallet in case of emergency.
- Teach patient and family how to check pulse and BP. Instruct them to check pulse daily and BP biweekly. Advise patient to hold dose and contact health care professional if pulse is <50 bpm or BP changes significantly.
- May cause drowsiness or dizziness. Caution patients to avoid driving or other activities that require alertness until response to the drug is known.
- Advise patients to change positions slowly to minimize orthostatic hypertension, especially during initiation of therapy or when dose is increased.
- Caution patients that this medication may increase sensitivity to cold.
- Instruct patient to consult health care professional if new or different symptoms occur or if side effects persist or worsen.

### Evaluation/Desired Outcomes

- Decrease in BP.
- Reduction in frequency of anginal attacks.
- Increase in activity tolerance.
- Why was this drug prescribed for your patient?