**Indications**

Gastroesophageal reflux disease (GERD): Standard doses (including combination therapy with clarithromycin and amoxicillin to eradicate *H. pylori* and prevent recurrence). Pathological hypersecretory conditions, including Zollinger-Ellison syndrome.

**Action**

Binds to an enzyme in the presence of acidic gastric pH, preventing the final transport of hydrogen ions into the gastric lumen.

**Therapeutic Effects:**

Diminished accumulation of acid in the gastric lumen, with lessened acid reflux. Healing of duodenal ulcers and esophagitis. Decreased acid secretion in hypersecretory conditions.

**Pharmacokinetics**

**Absorption:** Delayed-release tablet is designed to allow rabeprazole, which is not stable in gastric acid, to pass through the stomach intact. Subsequently 52% is absorbed after oral administration.

**Distribution:**

Unknown.

**Protein Binding:** 96.3%.

**Metabolism and Excretion:** Mostly metabolized by the liver (hepatic cytochrome P450 2C19 enzyme system) and primarily excreted in urine. 20% excreted in feces; remainder excreted in urine as inactive metabolites.

**Half-life:** 1–2 hr.

**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity to rabeprazole or related drugs (benzimidazoles).

**Use Cautiously in:**

- Severe hepatic impairment (dose reduction may be necessary);
- Patients using high doses for >1 year (risks of hip, wrist, or spine fractures);
- OB, Lactation, Pedi: Pregnancy, lactation, or children <12 yr (breast feeding not recommended; use in pregnancy only if needed; safety not established).

**Adverse Reactions/Side Effects**

**CNS:** Dizziness, headache, malaise.

**GI:** Pseudomembranous colitis, abdominal pain, constipation, diarrhea, nausea. Derm: photosensitivity, rash. F and E: Hypomagnesemia (especially if treatment duration >3 mo). MS: Bone fractures, neck pain. Misc: Allergic reactions, chills, fever.

**Interactions**

**Drug-Drug:**

Rabeprazole is metabolized by the CYP450 enzyme system and may interact with other drugs metabolized by this system. May impair absorption of drugs requiring acid pH, including ketoconazole, itraconazole, atazanavir, ampicillin, and iron salts. May raise levels of digoxin and methotrexate. Hypomagnesemia may increase the risk of bleeding with warfarin (monitor INR/PT).

**Route/Dosage**

**Gastroesophageal Reflux Disease**

**PO (Adults):**

- Healing of erosive or ulcerative GERD — 20 mg once daily for 4–8 wk;
- Maintenance of healing of erosive or ulcerative GERD — 20 mg once daily.

**PO (Children <12 yr):**

- Short-term treatment of symptomatic GERD — 20 mg once daily for up to 8 wk.
- 1–3 yr: 10 mg once daily for up to 12 wk (given as sprinkles);

**PO (Children 1–11 yr):**

- 3–5 kg — 5 mg once daily for up to 12 wk (given as sprinkles);
- 6–9 kg — 5 mg once daily for up to 12 wk (given as sprinkles);
- 10–15 kg — 10 mg once daily for up to 12 wk (given as sprinkles);
- 15–20 kg — 15 mg once daily for up to 12 wk (given as sprinkles).

**SIDE EFFECTS**

- Common: Gas, diarrhea, constipation.
Duodenal Ulcers

PO (Adults): Healing of duodenal ulcers—20 mg once daily for up to 4 wk.

H. pylori Eradication to Reduce the Risk of Duodenal Ulcer Recurrence (Triplet Therapy)

PO (Adults): 20 mg twice daily for 7 days with amoxicillin 1000 mg twice daily for 7 days and clarithromycin 500 mg twice daily for 7 days.

Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome

PO (Adults): 60 mg once daily initially, may be adjusted as needed and continued as necessary; doses up to 100 mg daily or 60 mg twice daily have been used.

NURSING IMPLICATIONS

Assessment

- Assess routinely for epigastric or abdominal pain and frank or occult blood in the stool, emesis, or gastric aspirate.
- Monitor bowel function. Diarrhea, abdominal cramping, fever, and bloody stools should be reported to health care professional promptly as a sign of pseudomembranous colitis. May begin up to several weeks following cessation of therapy.
- Lab Test Considerations: Monitor CBC with differential periodically during therapy.
- May cause hypomagnesemia. Monitor serum magnesium prior to and periodically during therapy.

Potential Nursing Diagnoses

Acute pain (Indications)

Implementation

- Do not confuse rabeprazole with aripiprazole. Do not confuse AciPhex with Accupril or Aricept.
- PO: Administer doses before meals, preferably in the morning. Tablets should be swallowed whole; do not break, crush, or chew.
- AciPhex Sprinkle: open capsule and sprinkle granule contents on a small amount of soft food (apple sauce, fruit or vegetable based baby food, yogurt) or empty contents into small amount of liquid (vanilla formula, apple juice, pediatric electrolyte solution). Food or liquid should be at or below room temperature. Whole dose should be taken within 15 min of being sprinkled. Granules should not be chewed or crushed. Dose should be taken 30 minutes before a meal. Do not store mixture for future use.

Patient/Family Teaching

- Instruct patient to take medication as directed for the full course of therapy, even if feeling better. Take missed doses as soon as remembered but not if almost time for next dose. Do not double doses.
- May cause occasional drowsiness or dizziness. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.
- Advise patient to avoid alcoholic products, cough syrup or other products containing codeine, and foods that may cause an increase in GI irritation.
- Caution patient to wear sunscreen and protective clothing to prevent phototoxicity reactions.
- Advise patient to report onset of black, tarry stools, diarrhea, abdominal pain, or persistent headache to health care professional promptly.
- Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and consult health care professional before taking any new medications.
- Instruct patient to notify health care professional of onset of black, tarry stools, diarrhea, abdominal pain, or persistent headache or if fever and diarrhea develop, especially if stool contains blood, pus, or mucus. Advise patient not to treat diarrhea without consulting health care professional.
- Advise female patients to notify health care professional of pregnancy is planned or suspected or if breast feeding.

Evaluation/Desired Outcomes

- Decrease in abdominal pain or prevention of gastric irritation and bleeding. Healing of duodenal ulcers can be seen on x-ray examination or endoscopy.
- Decrease in symptoms of GERD. Therapy is continued for 4—8 wk after initial episode.

Why was this drug prescribed for your patient?