rOPINIRole (roe-pi-nil-role)
Requip, Requip XL
Classification
Therapeutic: antiparkinson agents
Pharmacologic: dopamine agonists
Pregnancy Category C
Indications
Management of signs and symptoms of idiopathic Parkinson's disease. Restless leg syndrome (immediate-release only).
Action
Pharmacokinetics
Absorption: 55% absorbed following oral administration.
Distribution: Widely distributed.
Metabolism and Excretion: Extensively metabolized by the liver (by cytochrome P450 CYP1A2 enzyme system); 10% excreted unchanged in urine.
Half-life: 6 hr.
TIME/ACTION PROFILE
ROUTE ONSET PEAK DURATION
PO unknown unknown 8 hr
Contraindications/Precautions
Contraindicated in: Hypersensitivity.
Use Cautiously in: Hepatic impairment (slower titration may be required); Severe cardiovascular disease; OB, Lactation, Pedi: Safety not established; may inhibit lactation; Geri: q risk of hallucinations.
Adverse Reactions/Side Effects
CNS: SLEEP ATTACKS, dizziness, syncope, confusion, drowsiness, fatigue, hallucinations, headache, dyskinesia, impulse control disorders (gambling, sexual), weakness.
EENT: abnormal vision.
CV: orthostatic hypotension, peripheral edema.
GI: constipation, dyspepsia, nausea, vomiting.
Derm: sweating, melanoma.
GU: urinary incontinence.
Resp: dyspnea.
Other: sleep attacks or episodes of falling asleep during activities that require active participation may occur without warning. Assess patient for concomitant medications that have sedating effects or may increase serum ropinirole levels (see Interactions). May require discontinuation of therapy.
NURSING IMPLICATIONS
Assessment
● Assess BP periodically during therapy.
● Assess patient for drowsiness and sleep attacks. Drowsiness is a common side effect of ropinirole, but sleep attacks or episodes of falling asleep during activities that require active participation occur without warning. Assess patient for concomitant medications that have sedating effects or may increase serum ropinirole levels (see Interactions). May require discontinuation of therapy.
● Parkinson's Disease: Assess patient for signs and symptoms of Parkinson's disease (tremor, muscle weakness and rigidity, slowness, or shuffling gait) prior to and during therapy.
● Restless Leg Syndrome: Assess sleep patterns and frequency of restless leg disturbances.
● Lab Test Considerations: May cause ↑ BUN.
Potential Nursing Diagnoses
Impaired physical mobility (Indications)
Risk for injury (Indications) (Side Effects)
CoMent: Discontinued.
Implementation

- Do not confuse ropinirole with Risperdal (risperidone) or risperidone.
- PO: May be administered with or without food. Administration with food decreases nausea. Extended-release tablets should be swallowed whole; do not break, crush, or chew.

Patient/Family Teaching

- Instruct patient to take medication exactly as directed. Missed doses should be taken as soon as possible, but not if almost time for next dose. Do not double doses.
- Caution patient to change positions slowly to minimize orthostatic hypotension.
- May cause drowsiness and unexpected episodes of falling asleep. Caution patient to avoid driving or other activities requiring alertness until response to medication is known. Advise patient to notify health care professional if episodes of falling asleep occur.
- Advise patient to avoid alcohol and other CNS depressants concurrently with ropinirole.
- Advise patient that increasing fluids, sugarless gum or candy, ice, or saliva substitutes may help minimize dry mouth. Consult health care professional if dry mouth continues for >2 wk.
- Advise patient to have periodic skin exams to check for lesions that may be melanoma.
- Advise patient to notify health care professional if new or increased gambling, sexual, or other impulse control disorders occur.

Evaluation/Desired Outcomes

- Decreased tremor and rigidity in Parkinson's disease.
- Decrease in restless legs and improved sleep.

Why was this drug prescribed for your patient?