vilazodone (vil-az-oh-done)

**Classification**

Therapeutic: antidepressants
Pharmacologic: selective serotonin reuptake inhibitors (SSRIs), benzofurans

**Pregnancy Category C**

**Indications**

Treatment of major depressive disorder.

**Action**

Increases serotonin activity in the CNS by inhibiting serotonin reuptake. Also binds selectively with high affinity to 5-HT1A receptors and is a 5-HT1A receptor partial agonist.

**Therapeutic Effects:**

Improvement in symptoms of depression.

**Pharmacokinetics**

- **Absorption:** 72% absorbed following oral administration with food.
- **Distribution:** Unknown.
- **Protein Binding:** 96–99%.
- **Metabolism and Excretion:** Mostly metabolized by the liver, primarily by the CYP3A4 enzyme system; 1% excreted unchanged in urine.
- **Half-life:** 25 hr.

**TIME/ACTION PROFILE (blood levels)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>ORAL</td>
<td>unknown</td>
<td>4–5 hr</td>
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**Contraindications/Precautions**

- **Contraindicated in:** Concurrent use of MAO inhibitors or MAO-like drugs (linezolid or methylene blue); Severe hepatic impairment.
- **Use Cautiously in:** History of seizure disorder; History of suicide attempt/suicidal ideation; Bipolar disorder; may q risk of mania/hypomania; OB: Use only if maternal benefit outweighs fetal risk; use during third trimester may result in need for prolonged hospitalization, respiratory support and tube feeding; Lactation: Breast feed only if maternal benefit outweighs newborn risk; PO: Safety and effectiveness not established; ↑ risk of suicidal finding/behavior in children, adolescents and young adults.

**Adverse Reactions/Side Effects**

- **CNS:** NEUROLEPTIC MALIGNANT-LIKE SYNDROME, SEIZURES, SUICIDAL THOUGHTS, insomnia, abnormal dreams, dizziness, 4th: abdominal, nausea, dry mouth, constipation, Headache, Edema, ↑ libido, sexual dysfunction; ↓ of inappropriate antidiuretic hormone (SIADH).
- **F and E:** hyponatremia.
- **Hemat:** bleeding.
- **Misc:** SEROTONIN SYNDROME.

**Interactions**

**Drug-Drug:**

- Concurrent use with, or use within 14 days of starting or stopping MAOIs may ↑ risk of serotonin syndrome and should be avoided. Concurrent use with MAO inhibitor-like drugs, such as linezolid or methylene blue may ↑ risk of serotonin syndrome; concurrent use contraindicated, do not start therapy in patients receiving linezolid or methylene blue; if linezolid or methylene blue need to be started in a patient receiving vilazodone, immediately discontinue vilazodone and monitor for signs/symptoms of serotonin syndrome for 2 wk or until 24 hr after last dose of linezolid or methylene blue, whichever comes first (may require vilazodone therapy 24 hr after last dose of linezolid or methylene blue). Drugs that affect serotonergic neurotransmitter systems, including tricyclic antidepressants, SNRIs, fentanyl, buspirone, tramadol, and imipramine may ↑ risk of serotonin syndrome. Concurrent use with MAOIs, amphetamines, anxiolytics, or other drugs that affect coagulation may ↑ risk of bleeding. Concurrent use of strong inhibitors of CYP3A4, including ketoconazole may ↑ blood levels and the risk of adverse reactions/toxicity; daily dose should not exceed 20 mg. Concurrent use of moderate inhibitors of CYP3A4, including erythromycin may require ↓ dose to 10 mg daily if adverse reactions/toxicity occurs. Use cautiously with other CNS-active drugs.

**Route/Dosage**

**PO (Adults):** 10 mg once daily for one week, then 20 mg once daily for one week, then 40 mg once daily. Concurrent use of strong inhibitors of CYP3A4 — daily dose should not exceed 20 mg.

**Contraindications/Precautions**

- **Contraindicated in:** Concurrent use of MAO inhibitors or MAO-like drugs (linezolid or methylene blue); Severe hepatic impairment.

**Use Cautiously in:** History of seizure disorder; History of suicide attempt/suicidal ideation; Bipolar disorder; may ↑ risk of mania/hypomania; OB: Use only if maternal benefit outweighs fetal risk; use during third trimester may result in need for prolonged hospitalization, respiratory support and tube feeding; Lactation: Breast feed only if maternal benefit outweighs newborn risk; PO: Safety and effectiveness not established; ↑ risk of suicidal finding/behavior in children, adolescents and young adults.
NURSING IMPLICATIONS

Assessment

- Assess mental status and mood changes. Inform health care professional if patient demonstrates significant Q in anxiety, nervousness, or insomnia.
- Prior to starting therapy, screen patient for bipolar disorder ( Detailed psychiatric history, including family history of suicide, bipolar disorder, depression). Use cautiously in patients with a positive history.
- Assess suicidal tendencies, especially in early therapy. Restrict amount of drug available to patient. Risk may be Q in children, adolescents, and adults over 24 yr.
- Assess for signs and symptoms of hyponatremia (headache, difficulty concentrating, memory impairment, confusion, weakness, unsteadiness). May require discontinuation of therapy.
- Assess for serotonin syndrome ( mental changes [ agitation, hallucinations, coma], autonomic instability [ tachycardia, labile BP, hyperthermia], neurovegetative alterations [ hyperreflexia, incoordination], and/or GI symptoms [ nausea, vomiting, diarrhea]), especially in patients taking other serotoninergic drugs ( SSRIs, SNRIs, triptans).
- Monitor for development of neuroleptic malignant syndrome ( fever, muscle rigidity, altered mental status, respiratory distress, tachycardia, seizures, diaphoresis, hypertension or hypotension, pallor, tiredness, loss of bladder control). Discontinue vilazodone and notify health care professional immediately if these symptoms occur.
- Lab Test Considerations: Monitor serum sodium concentrations periodically during therapy. May cause hyponatremia potentially as a result of syndrome of inappropriate antidiuretic hormone secretion ( SIADH).
- May cause altered anticoagulant effects. Monitor patients receiving warfarin, NSAIDs, or aspirin concurrently.

Potential Nursing Diagnoses

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

Implementation

- PO: Administer vilazodone with food; administration without food can result in inadequate drug concentrations and reduced effectiveness.

Patient/Family Teaching

- Instruct patient to take vilazodone as directed at the same time each day. Take missed doses as soon as possible unless almost time for next dose. Do not double doses or discontinue abruptly. Gradually discontinue drug before discontinuation. Advise patient to read Medication Guide before starting therapy and with each Rx refill; new information may be available.
- Advise patient, family, and caregivers to look for activation of mania/hypomania and suicidality, especially during early therapy or dose changes. Notify health care professional immediately if thoughts about suicide or dying, attempts to commit suicide, new or worse depression or anxiety, agitation or restlessness, panic attacks, insomnia, new or worse irritability, aggressiveness, anxiety, or other changes in mood or behavior or if symptoms of serotonin syndrome occur.
- Caution patient of the risk or serotonin syndrome and neuroleptic malignant syndrome, especially when taking triptans, tramadol, tryptophan supplements and other serotoninergic or antipsychotic agents.
- May cause dizziness. Caution patient to avoid driving or other activities requiring alertness until response to the drug is known.
- Instruct patient to avoid alcohol or other CNS-depressant drugs during therapy.
- Instruct female patients to inform health care professional if pregnancy is planned or suspected or if breast feeding.
- Emphasize the importance of follow-up exams to monitor progress. Encourage patient participation in psychotherapy.

Evaluation/Desired Outcomes

- Q sense of well-being.
- Renewed interest in surroundings. Need for therapy should be periodically reaccessed. Therapy is usually continued for several months.
- Q anxiety.

Why was this drug prescribed for your patient?