Catapres (clonidine hydrochloride) - Drug Summary

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Catapres
(clonidine)

COMMON BRAND NAMES

Catapres-TTS, Catapres

THERAPEUTIC CLASS

Alpha-adrenergic agonist

DEA CLASS

RX

ADULT DOSAGE & INDICATIONS

Hypertension

Tab:
Initial: 0.1mg bid (am and hs)
Maint: May increase by 0.1mg/day at weekly intervals prn until desired response is achieved
Range: 0.2-0.6mg/day in divided doses
Max: 2.4mg/day

Patch:
Initial: Apply 1 patch every 7 days; start w/ TTS-1
Titrate: If inadequate reduction in BP after 1-2 weeks, increase dosage by adding another TTS-1 or changing to a larger system

No usual additional efficacy w/ dose increase above 2 TTS-3

When substituting for PO clonidine or other antihypertensives, gradually reduce prior drug dose; effect of patch may not commence until 2-3 days after initial application

DOSING CONSIDERATIONS

Renal Impairment
Patch/Tab:
May benefit from lower initial dose

Elderly
Tab:
May benefit from lower initial dose

ADMINISTRATION

Oral/Transdermal route

Patch
Apply to hairless area of intact skin of upper outer arm or chest once every 7 days
Apply each new patch on different skin site from previous location
If the system loosens during 7-day wearing, the adhesive cover should be applied directly over the system to ensure good adhesion

HOW SUPPLIED

Patch, Extended-Release (TTS): (TTS-1) 0.1mg, (TTS-2) 0.2mg, (TTS-3) 0.3mg; Tab: 0.1mg, 0.2mg, 0.3mg

WARNINGS/PRECAUTIONS

Sudden cessation of treatment may cause nervousness, agitation, headache, confusion, and tremor accompanied or followed by a rapid rise in BP and elevated catecholamine concentrations; if discontinuing therapy, reduce dose gradually over 2 to 4 days to avoid withdrawal symptoms. Rare instances of hypertensive encephalopathy, cerebrovascular accidents (CVAs), and death reported after withdrawal. Continuation of clonidine transdermal system or substitution to PO may cause generalized skin rash and elicit an allergic reaction if with localized contact sensitization or allergic reaction to clonidine transdermal system. Monitor BP during surgery; additional measures to control BP should be available. No therapeutic effect can be expected in HTN caused by pheochromocytoma. May worsen sinus node dysfunction and atrioventricular (AV) block, especially with other sympatholytic drugs; patients with conduction abnormalities and/or taking other sympatholytic drugs may develop severe bradycardia. (Tab) Continue administration to within 4 hrs of surgery and resume as soon as possible thereafter. (Patch) Loss of BP control reported (rare). Do not remove during surgery. Remove before defibrillation or cardioversion due to potential for altered electrical conductivity, and before undergoing an MRI due to the occurrence of skin burns.

ADVERSE REACTIONS

Dry mouth, drowsiness, dizziness, constipation, sedation.

DRUG INTERACTIONS

May potentiate CNS depressive effects of alcohol, barbiturates, or other sedating drugs. Hypotensive effect may be reduced by TCAs; may need to increase clonidine dose. Neuroleptics may induce or exacerbate orthostatic regulation disturbances (eg, orthostatic hypotension, dizziness, fatigue). Monitor HR with agents that affect sinus node function or AV nodal conduction (eg, digitalis, calcium channel blockers, β-blockers). D/C concurrent β-blockers several days before the gradual withdrawal of clonidine. Reports of sinus bradycardia and pacemaker insertion with diltiazem or verapamil. High IV doses of clonidine may increase the arrhythmogenic potential (QT prolongation, ventricular fibrillation) of high IV doses of haloperidol as observed in patients in a state of alcoholic delirium.

PREGNANCY AND LACTATION

Category C, caution in nursing.

MECHANISM OF ACTION

Centrally acting α-agonist; stimulates α-adrenoreceptors in brain stem, reducing sympathetic outflow from CNS and decreasing peripheral resistance, renal vascular resistance, HR, and BP.

PHARMACOKINETICS

Absorption: (Patch) Absolute bioavailability (60%); (Tab) absolute bioavailability (70-80%); T_{max}=1-3 hrs. **Distribution:** Crosses placenta; found in breast milk. **Metabolism:** Liver. **Elimination:** Urine (40-60%, unchanged); (Patch) $T_{1/2}$=20 hrs.

ASSESSMENT

Assess for pheochromocytoma, renal impairment, allergic reactions/contact sensitization, pregnancy/nursing status, and for possible drug interactions.

MONITORING

Monitor BP and renal function periodically. Monitor for withdrawal signs/symptoms (eg, hypertensive encephalopathy, CVA), presence of generalized skin rash, and allergic reactions.

PATIENT COUNSELING

Caution patients against interrupting therapy without physician's advice and engaging in hazardous activities (eg, driving, operating appliances/machinery). Inform that sedative effect may be increased by concomitant use of alcohol, barbiturates, or other sedating drugs. Caution patients who wear contact lenses that drug may cause dryness of eyes. (Patch) Instruct to consult physician promptly about possible need to remove or replace patch if skin reactions develop. Inform that if patch begins to loosen, place adhesive cover directly over the patch to ensure adhesion for 7 days total. Advise to keep used and unused patch out of reach of children; instruct to fold in half with adhesive sides together and discard.

STORAGE

(Patch) Below 30°C (86°F). (Tab) 25°C (77°F); excursions permitted to 15-30°C (59-86°F).

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