

Oral Anticholinergic

Prototype Med Oxybutynin Chloride

Other Med Ditropan

Therapeutic Use

Treatment of urinary urge incontinence caused by overactive bladder

Treatment of neurogenic bladder

Adverse Drug Reactions

Dry mouth

Constipation

Urinary retention

Mydriasis (pupil dilation), dry eyes, blurred vision

Headache

Dizziness, drowsiness

Fever, heat exhaustion

Nursing Interventions

Monitor for anticholinergic effects.

Monitor bowel elimination patterns.

Monitor urinary elimination patterns, especially in older adults.

Recommend periodic eye examinations

Monitor for headache

Monitor for dizziness and somnolence.

Advise clients to use caution in hot weather, as the drug suppresses sweating.

Administration

Take orally (either short-acting syrup or tablets) two to four times a day.

Take the extended-release (ER) tablets once a day.

Swallow ER tablets whole; do not crush or chew them.

Expect excretion of the insoluble shell of the ER tablets in stool.

Apply the transdermal patch twice a week to dry and intact skin on the abdomen, hip, or buttocks.

Rotate patch adhesion sites.

Contraindications

Angle-closure glaucoma

Myasthenia gravis

Gastrointestinal obstruction/Genitourinary obstruction

Active cardiac dysfunction

Precautions

Urinary tract infection/Liver or renal disease

Hiatal hernia with reflux

Hyperthyroidism/Hypertension

Benign prostatic hypertrophy

Autonomic hypertrophy

Patient Education

Suck on hard candy/Sip water

Increase fluid and fiber intake and activity levels

Report any undesirable changes in urinary elimination (retention, infection).

Use over-the-counter lubricating eye drops.

Obtain regular eye examinations (potential for glaucoma).

Report headache not relieved by over-the-counter analgesics.

Report dizziness or fainting.

Do not engage in dangerous activities if dizziness occurs or tends to recur.

Avoid becoming overheated.

Seek medical attention for fever and signs of heat exhaustion (muscle cramps, dizziness, nausea, vomiting).

Interactions

CYP3A4 inhibitors (grapefruit juice, ketoconazole, erythromycin, itraconazole [Sporanox], plus others) may increase toxicity.

CYP3A4 inducers (phenytoin [Dilantin], rifampin [Rifadin], carbamazepine [Tegretol], plus others) decrease effectiveness.