

## Antacids (Alamag, Maalox, Mylanta Ultimate, Rulox)

**Classification:** antiulcer agents

**Pregnancy risk:** Category C

**Therapeutic effect:** neutralization of gastric acid with healing of ulcers and decrease in associated pain

**Pharmacological effect:** neutralize gastric acid following dissolution in gastric contents, inactivate pepsin if pH is raised to  $\geq 4$

**Possible routes:** PO

**Drug interaction:** absorption of tetracyclines, phenothiazines, ketoconazole, itraconazole, iron salts, fluoroquinolones, and isoniazid may be lowered

**Timing:** half life- unknown

**Metabolized/Excreted:** excreted by the kidneys

**Contraindications:** severe abdominal pain of unknown cause, especially if accompanied by fever, renal failure, products containing tartrazine or sugar in patients with known tolerance

**Adverse effects:**

GI- aluminum salts: constipation, magnesium salts: diarrhea

F & E- aluminum salts: hypophosphatemia, magnesium salts: hypermagnesemia

**Black box warning:** none

## Pancrelipase (Creon, Pancreaze, Zenpap)

**Classification:** digestive agent

**Pregnancy risk:** Category C

**Therapeutic effect:** increased digestion of fats, carbohydrates, and proteins in the GI tract

**Pharmacological effect:** contains lipolytic, amylolytic, and proteolytic activity

**Possible routes:** PO

**Drug interaction:** antacids may decrease effectiveness, may decrease absorption of concurrently administered iron supplements

**Timing:** half life- unknown

**Metabolized/Excreted:** unknown

**Contraindications:** hypersensitivity to hog proteins

**Adverse effects:**

**EENT-** nasal stuffiness

**Resp-** dyspnea, shortness of breath, wheezing

**GI-** fibrosis colonopathy (high doses only), abdominal pain (high doses only), diarrhea, nausea, stomach cramps, oral irritation

**GU-** hematuria

**Derm-** hives, rash

**Metab-** hyperuricemia

**Misc-** allergic reactions

**Black box warning:** none

## Orlistat (Alli, Xenical)

**Classification:** weight control agents

**Pregnancy risk:** Category B

**Therapeutic effect:** weight loss and maintenance in obese patients, delayed onset of type 2 diabetes

**Pharmacological effect:** decreases the absorption of dietary fat by reversibly inhibiting enzymes (lipases), which are necessary for the breakdown and subsequent absorption of fat

**Possible routes:** PO

**Drug interaction:** lowers absorption of fat-soluble vitamins, beta-carotene, and levothyroxine

**Timing:** half life- 1-2 hrs

**Metabolized/Excreted:** major route is fecal elimination of unabsorbed drug

**Contraindications:** hypersensitivity, chronic malabsorption syndrome or cholestasis, effects on developing fetus or breastfeeding are infant are unknown

**Adverse effects:**

GI- hepatotoxicity, fecal urgency, flatus with discharge,  $\square$  defecation, oily evacuation, oily spotting, fecal incontinence

**Black box warning:** none

## Metoclopramide (Metozolv ODT, Reglan, Reglan ODT)

**Classification:** antimetics

**Pregnancy risk:** Category B

**Therapeutic effect:** decreases nausea and vomiting, decreased symptoms of gastric stasis, easier passage of nasogastric tube into small bowel

**Pharmacological effect:** blocks dopamine receptors in chemoreceptor trigger zone of the CNS, stimulates motility of the upper GI tract and accelerates gastric emptying

**Possible routes:** IV, IM, PO

**Drug interaction:** additive CNS depression with other CNS depressants, including alcohol, antidepressants, antihistamines, opioid analgesics, and sedative/hypnotics. May  $\square$  absorption of other orally administered drugs as a result of effect on GI motility. May exaggerate hypotensions during general anesthesia.  $\square$  risk of extrapyramidal reactions with agents such as haloperidol or phenothiazines. Opioids and anticholinergics may antagonize the GI effects of metoclopramide. Use cautiously with MAO inhibitors. May  $\square$  neuromuscular blockade from succinylcholine. May decrease effectiveness of levodopa. May  $\square$  tacrolimus serum levels

**Timing:** half life- 2.5-6 hrs

**Metabolized/Excreted:** partially metabolized by the liver; 25% eliminated unchanged in the urine

**Contraindications:** hypersensitivity, possible GI obstruction or hemorrhage, history of seizure disorders, pheochromocytoma, Parkinson's disease

**Adverse effects:**

CNS- drowsiness, extrapyramidal reactions, restlessness, neuroleptic malignant syndrome, anxiety, depression, irritability, tardive dyskinesia