

REVIEWED

By Chris at 3:19 pm, Dec 02, 2015

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Terazosin
(terazosin hydrochloride)

COMMON BRAND NAMES

Hytrin (Discontinued), Terazosin

THERAPEUTIC CLASS

Alpha₁ blocker (quinazoline)

DEA CLASS

RX

ADULT DOSAGE & INDICATIONS

Hypertension

Initial: 1mg hs

Usual: 1-5mg qd

If response is substantially diminished at 24 hrs, may slowly increase dose or use bid regimen

Max: 40mg/day

If discontinued for several days or longer, restart using the initial dosing regimen

Benign Prostatic Hyperplasia

Initial: 1mg hs

Titrate: Increase stepwise to 2mg, 5mg, or 10mg qd

Max: 20mg/day

If discontinued for several days or longer, restart using the initial dosing regimen

ADMINISTRATION

Oral route

HOW SUPPLIED

Cap: 1mg, 2mg, 5mg, 10mg

WARNINGS/PRECAUTIONS

May cause marked lowering of BP, especially postural hypotension, and syncope with the 1st dose or 1st few days of therapy; similar effect may be anticipated if therapy is interrupted for several days and then restarted. May impair physical/mental abilities. Examine patients with BPH to rule out prostate cancer prior to initiation of therapy. Priapism reported. Intraoperative floppy iris syndrome observed during cataract surgery. Decreases in Hct, Hgb, WBCs, total protein, and albumin reported.

ADVERSE REACTIONS

Asthenia, postural hypotension, headache, dizziness, dyspnea, nasal congestion, somnolence, palpitations, nausea, peripheral edema, pain in extremities.

DRUG INTERACTIONS

Caution with other antihypertensive agents, especially verapamil; may need dose reduction or retitration of either agent. Increased levels with captopril. Hypotension reported with PDE-5 inhibitors.

PREGNANCY AND LACTATION

Category C, caution in nursing.

MECHANISM OF ACTION

Alpha₁-blocker; (BPH) relaxes smooth muscle in bladder neck and prostate; (HTN) decreases total peripheral vascular resistance, causing decreased BP.

PHARMACOKINETICS

Absorption: Complete; T_{max} =1 hr. **Distribution:** Plasma protein binding (90-94%). **Elimination:** Feces (60%), urine (40%); $T_{1/2}$ =12 hrs, 14 hrs (≥70 yrs), 11.4 hrs (20-39 yrs).

ASSESSMENT

Assess BP, pregnancy/nursing status, and possible drug interactions. Rule out prostate cancer with BPH.

MONITORING

Monitor for signs/symptoms of hypotension, priapism, and other adverse reactions. Monitor Hct, Hgb, WBCs, total protein/albumin, and BP periodically.

PATIENT COUNSELING

Inform of possibility of syncope and orthostatic symptoms, especially at initiation of therapy. Caution against driving or hazardous tasks for 12 hrs after 1st dose, dosage increase, or when resuming therapy after interruption. Avoid situations where injury could result, should syncope occur. Advise to sit or lie down when symptoms of low BP occur. Inform of possibility of priapism; advise to seek medical attention if this occurs and inform that priapism can lead to permanent erectile dysfunction if not brought to immediate medical attention.

STORAGE

20-25°C (68-77°F).