excreted mainly in the urine as unchanged polythiazide and metabolites.

◊ References.

1. Hobbs DC, Twomey TM. Kinetics of polythiazide. *Clin Pharmacol Ther* 1978; **23:** 241–6.

Uses and Administration

Polythiazide is a thiazide diuretic with actions and uses similar to those of hydrochlorothiazide (p.1310). It is given orally for hypertension (p.1171), and for oedema, including that associated with heart failure (p.1165).

Diuresis begins within about 2 hours of an oral dose, and lasts for 24 to 48 hours.

In the treatment of **hypertension** the usual dose is stated to be 2 to 4 mg daily, either alone or with other antihypertensives although doses of only 0.5 to 1 mg may be adequate. In the treatment of **oedema** the usual dose is 1 to 4 mg daily.

Preparations

BP 2008: Polythiazide Tablets.

Proprietary Preparations (details are given in Part 3)
Belg.: Renese†; ***USA:*** Renese†.

Multi-ingredient: ***Ger.:*** Polypress†; ***USA:*** Minizide†; Renese R†.

Potassium Canrenoate *(BANM, rINN)* ⊗

Aldadiene Potassium; Canrénoate de Potassium; Canrenoate Potassium *(USAN)*; Canrenoato de potasio; Kalii Canrenoas; Kaliumkanrenoaatti; Kaliumkanrenoat; MF-465a; SC-14266. Potassium 17-hydroxy-3-oxo-17α-pregna-4,6-diene-21-carboxylate.

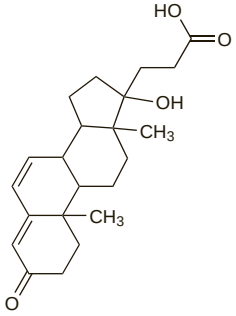
Калия Канреноат

$C_{22}H_{29}KO_4$ = 396.6.

CAS — 4138-96-9 (canrenoic acid); 2181-04-6 (potassium canrenoate).

ATC — C03DA02.

ATC Vet — QC03DA02.



(canrenoic acid)

Pharmacopoeias. In *Jpn.*

Adverse Effects and Precautions

As for Spironolactone, p.1400. Irritation or pain may occur at the site of injection.

Effects on endocrine function. A lower incidence of gynaecomastia has been reported in patients with hepatic cirrhosis and ascites during use of potassium canrenoate than with equivalent doses of spironolactone,[1] and spironolactone-induced gynaecomastia disappeared when spironolactone was replaced by potassium canrenoate in a patient with hyperaldosteronism.[2] This suggests that metabolites other than canrenone (a common metabolite of both canrenoate and spironolactone thought to be responsible for their activity) or possibly spironolactone itself may be responsible for the anti-androgenic effects of spironolactone.[3,4]

1. Bellati G, Idéo G. Gynaecomastia after spironolactone and potassium canrenoate. *Lancet* 1986; **i:** 626.
2. Dupont A. Disappearance of spironolactone-induced gynaecomastia during treatment with potassium canrenoate. *Lancet* 1985; **ii:** 731.
3. Gardiner P. Spironolactone and potassium canrenoate metabolism. *Lancet* 1985; **ii:** 1432.
4. Overdiek JWPM, Merkus FWHM. Spironolactone metabolism and gynaecomastia. *Lancet* 1986; **i:** 1103.

Interactions

As for Spironolactone, p.1401.

Uses and Administration

Potassium canrenoate is a potassium-sparing diuretic with actions and uses similar to those of spironolactone (p.1401). Canrenone (p.1239) is a metabolite common to both drugs, but its contribution to the pharmacological action is unclear. Potassium canrenoate is used in the treatment of refractory oedema associated with heart failure (p.1165) or hepatic disease when an injectable aldosterone antagonist is required. It may be given in doses of 200 to 400 mg daily, increasing to 800 mg daily in exceptional cases; it is given by slow intravenous injection over a period of 2 to 3 minutes for each 200 mg or by intravenous infusion in glucose 5% or sodium chloride 0.9%.

Preparations

Proprietary Preparations (details are given in Part 3)
Austria: Aldactone; ***Belg.:*** Canrenol; Soldactone; ***Cz.:*** Aldactone; Canrenol†; ***Fr.:*** Soludactone; ***Ger.:*** Aldactone; Kalium-Can; ***Hung.:*** Aldactone†; ***Ital.:*** Dikantal; Diurek; Kanrenol; Luvion; Venactone†; ***Neth.:*** Soldactone; ***Norw.:*** Soldactone†; ***Pol.:*** Aldactone; ***Switz.:*** Soldactone.

Multi-ingredient: ***Ital.:*** Kadiur.

Prajmalium Bitartrate *(BAN, rINN)*

Bitartrato de prajmalio; GT-1012; NPAB; Prajmalii Bitartras; Prajmaline Bitartrate; Prajmalium, Bitartrate de. *N*-Propylajmalinium hydrogen tartrate.

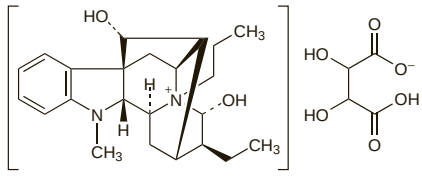
Праймалия Битартрат

$C_{23}H_{33}N_2O_2,C_4H_5O_6$ = 518.6.

CAS — 35080-11-6 (prajmalium); 2589-47-1 (prajmalium bitartrate).

ATC — C01BA08.

ATC Vet — QC01BA08.



Adverse Effects and Precautions

As for Ajmaline, p.1206.

Effects on the liver. Cholestatic jaundice associated with pruritus, chills, and eosinophilia[1] was attributed to an allergic reaction to prajmalium bitartrate in a patient 20 days after the start of treatment.

1. Rotmensch HH, *et al.* Cholestatic jaundice: an immune response to prajmalium bitartrate. *Postgrad Med J* 1980; **56:** 738–41.

Effects on mental state. Confusion and disorientation in time and place[1] occurred on 2 occasions in a 67-year-old man given prajmalium bitartrate 100 mg daily for the control of tachycardia; the confusion rapidly disappeared when prajmalium was withdrawn.

1. Lessing JB, Copperman IJ. Severe cerebral confusion produced by prajmalium bitartrate. *BMJ* 1977; **2:** 675.

Uses and Administration

Prajmalium is a class I antiarrhythmic (p.1153) and is the *N*-propyl derivative of ajmaline (p.1206). It is given orally as the bitartrate in the management of supraventricular and ventricular arrhythmias (p.1160) in initial doses of 60 to 80 mg daily. Maintenance doses of 20 to 40 mg daily in divided doses are used.

Preparations

Proprietary Preparations (details are given in Part 3)
Austria: Neo-Gilurytmal; ***Cz.:*** Neo-Gilurytmal; ***Ger.:*** Neo-Gilurytmal; ***Hung.:*** Neo-Gilurytmal; ***Indon.:*** Neo-Gilurytmal; ***Israel:*** Neo-Gilurythmal†.

Multi-ingredient: ***Spain:*** Cresophene.

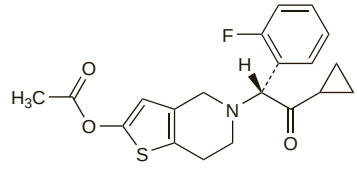
Prasugrel Hydrochloride *(USAN, rINNM)*

LY-640315; Prasugrel, Chlorhydrate de; Prasugrel, hidrocloruro de; Prasugreli Hydrochloridum. 5-[(1*RS*)-2-Cyclopropyl-1-(2-fluorophenyl)-2-oxoethyl]-4,5,6,7-tetrahydrothieno[3,2-*c*]pyridin-2-yl acetate hydrochloride.

Празугрела Гидрохлорид

$C_{20}H_{20}FNO_3S,HCl$ = 409.9.

CAS — 389574-19-0.



(prasugrel)

Profile

Prasugrel hydrochloride is a thienopyridine antiplatelet drug with similar properties to clopidogrel (p.1250). It is under development for cardiovascular disorders.

◊ References.

1. Wiviott SD, *et al.* Randomized comparison of prasugrel (CS-747, LY640315), a novel thienopyridine P2Y antagonist, with clopidogrel in percutaneous coronary intervention: results of the Joint Utilization of Medications to Block Platelets Optimally (JUMBO)-TIMI 26 trial. *Circulation* 2005; **111:** 3366–73.
2. Jakubowski JA, *et al.* A multiple dose study of prasugrel (CS-747), a novel thienopyridine P2Y inhibitor, compared with clopidogrel in healthy humans. *Br J Clin Pharmacol* 2006; **63:** 421–30.
3. Brandt JT, *et al.* A comparison of prasugrel and clopidogrel loading doses on platelet function: magnitude of platelet inhibition is related to active metabolite formation. *Am Heart J* 2007; **153:** 66.
4. Wiviott SD, *et al.* TRITON-TIMI 38 Investigators. Prasugrel versus clopidogrel in patients with acute coronary syndromes. *N Engl J Med* 2007; **357:** 2001–15.
5. Wiviott SD, *et al.* PRINCIPLE-TIMI 44 Investigators. Prasugrel compared with high loading- and maintenance-dose clopidogrel in patients with planned percutaneous coronary intervention: the Prasugrel in Comparison to Clopidogrel for Inhibition of Platelet Activation and Aggregation-Thrombolysis in Myocardial Infarction 44 trial. *Circulation* 2007; **116:** 2923–32.
6. Antman EM, *et al.* Early and late benefits of prasugrel in patients with acute coronary syndromes undergoing percutaneous coronary intervention: a TRITON-TIMI 38 (TRial to Assess Improvement in Therapeutic Outcomes by Optimizing Platelet InhibitioN with Prasugrel-Thrombolysis In Myocardial Infarction) analysis. *J Am Coll Cardiol* 2008; **51:** 2028–33.

Pravastatin Sodium *(BANM, USAN, rINNM)*

CS-514; Eptastatin Sodium; 3β-Hydroxycompactin Sodium; Natrii Pravastatinum; Pravastatiininatrium; Pravastatin sodná sůl; Pravastatina sódica; Pravastatine sodique; Pravastatinnatrium; Pravastatino natrio druska; Pravastatinum natricum; Pravasztatinnátrium; SQ-31000. Sodium (3*R*,5*R*)-7-{(1*S*,2*S*,6*S*,8*S*,8a*R*)-1,2,6,7,8,8a-hexahydro-6-hydroxy-2-methyl-8-[(*S*)-2-methylbutyryloxy]-1-naphthyl}-3,5-dihydroxyheptanoate.

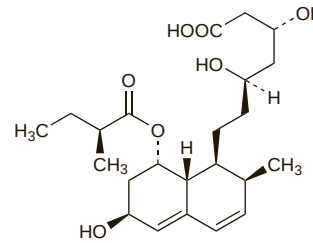
Натрий Правастатин

$C_{23}H_{35}O_7Na$ = 446.5.

CAS — 81093-37-0 (pravastatin); 81131-70-6 (pravastatin sodium).

ATC — C10AA03.

ATC Vet — QC10AA03.



(pravastatin)

Pharmacopoeias. In *Eur.* (see p.vii), *Jpn*, and *US*.

Ph. Eur. 6.2 (Pravastatin Sodium). A white to yellowish-white, hygroscopic, powder or crystalline powder. Freely soluble in water and in methyl alcohol; soluble in dehydrated alcohol. A 5% solution in water has a pH of 7.2 to 9.0. Store in airtight containers.

USP 31 (Pravastatin Sodium). A white to yellowish white hygroscopic powder. Freely soluble in water and in methyl alcohol; soluble in alcohol; practically insoluble in chloroform, in ether, and in ethyl acetate; very slightly soluble in acetonitrile. Store in airtight containers.

Adverse Effects and Precautions

As for Simvastatin, p.1390.

Interactions

The interactions of statins with other drugs are described under simvastatin (p.1392). Pravastatin is not significantly metabolised by the cytochrome P450 enzyme system and does not have the same interactions with enzyme inhibitors as simvastatin, although caution has been advised when such combinations are used. Increased plasma-pravastatin concentrations have been reported in some patients receiving ciclosporin and low doses should be used (see Uses and Administration, below).

Pharmacokinetics

Pravastatin is rapidly but incompletely absorbed from the gastrointestinal tract and undergoes extensive first-pass metabolism in the liver, its primary site of action. The absolute bioavailability of pravastatin is 17%. About 50% of the circulating drug is bound to plasma proteins. The plasma elimination half-life of pravastatin is 1.5 to 2 hours. About 70% of an oral dose of prav-

astatin is excreted in the faeces, as unabsorbed drug and via the bile, and about 20% is excreted in the urine.

◊ General reviews.

1. Quion JAV, Jones PH. Clinical pharmacokinetics of pravastatin. *Clin Pharmacokinet* 1994; **27:** 94–103.
2. Hatanaka T. Clinical pharmacokinetics of pravastatin: mechanisms of pharmacokinetic events. *Clin Pharmacokinet* 2000; **39:** 397–412.

Uses and Administration

Pravastatin, a 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reductase inhibitor (or statin), is a lipid regulating drug with actions on plasma lipids similar to those of simvastatin (p.1394).

Pravastatin is used to reduce LDL-cholesterol, apolipoprotein B, and triglycerides, and to increase HDL-cholesterol in the treatment of hyperlipidaemias (p.1169), including hypercholesterolaemias, combined (mixed) hyperlipidaemia (type IIa or IIb hyperlipoproteinaemias), hypertriglyceridaemia (type IV), dysbetalipoproteinaemia (type III), and post-transplantation hyperlipidaemia. It is also used for cardiovascular risk reduction (p.1164), including primary prophylaxis in hypercholesterolaemic patients, and secondary prophylaxis, including prevention of stroke, in patients with clinically-evident ischaemic heart disease.

Pravastatin is given orally as the sodium salt; the usual dose is 10 to 40 mg of pravastatin sodium once daily at bedtime. The dose may be adjusted, according to response, at intervals of not less than 4 weeks. UK licensed product information states that the maximum dose is 40 mg once daily, but US licensed product information allows a maximum of 80 mg once daily in patients with hypercholesterolaemia. Low initial doses are recommended in patients with hepatic or renal impairment (see below).

In patients also taking *ciclosporin*, UK licensed product information recommends an initial dose of 20 mg once daily, but US licensed product information states an initial dose of 10 mg; dose increases should be made with caution.

For the use of pravastatin in children and adolescents, see below.

◊ General reviews.

1. McTavish D, Sorkin EM. Pravastatin: a review of its pharmacological properties and therapeutic potential in hypercholesterolaemia. *Drugs* 1991; **42:** 65–89.
2. Haria M, McTavish D. Pravastatin: a reappraisal of its pharmacological properties and clinical effectiveness in the management of coronary heart disease. *Drugs* 1997; **53:** 299–336.

Administration in children. In children with heterozygous familial hypercholesterolaemia, pravastatin sodium is licensed in doses of 10 to 20 mg once daily in those aged 8 to 13 years and 10 to 40 mg once daily in those aged 14 to 18 years. Short-term studies have suggested that pravastatin effectively reduces cholesterol and is safe in children with familial hypercholesterolaemia[1] and in children taking immunosuppressants after heart transplant,[2] although plasma concentrations may be higher in the latter group. A randomised controlled study[3] and a prospective study[4] have also found that pravastatin is effective and well tolerated in familial hypercholesterolaemia, and there is some evidence[3] that carotid intima media thickness (a marker of atherosclerosis) may be reduced.

1. Hedman M, *et al.* Pharmacokinetics and pharmacodynamics of pravastatin in children with familial hypercholesterolemia. *Clin Pharmacol Ther* 2003; **74:** 178–85.
2. Hedman M, *et al.* Pharmacokinetics and pharmacodynamics of pravastatin in pediatric and adolescent cardiac transplant recipients on a regimen of triple immunosuppression. *Clin Pharmacol Ther* 2004; **75:** 101–109.
3. Wiegman A, *et al.* Efficacy and safety of statin therapy in children with familial hypercholesterolemia: a randomized controlled trial. *JAMA* 2004; **292:** 331–7.
4. Hedman M, *et al.* Efficacy and safety of pravastatin in children and adolescents with heterozygous familial hypercholesterolemia: a prospective clinical follow-up study. *J Clin Endocrinol Metab* 2005; **90:** 1942–52.

Administration in hepatic or renal impairment. Patients with moderate or severe renal or significant hepatic impairment should be given pravastatin sodium in an initial dose of 10 mg daily, and the dose should be increased with caution.

Preparations

BP 2008: Pravastatin Tablets;
USP 31: Pravastatin Sodium Tablets.

Proprietary Preparations (details are given in Part 3)
Arg.: Pravacol; ***Austral.:*** Cholstat; Lipostat; Pravachol; ***Austria:*** Panchol; Pravachol; Sanaprav†; Selipran; ***Belg.:*** Merckprareduct; Prareduct†; Pravasine; ***Braz.:*** Mevalotin; Pravacol; ***Canad.:*** Pravachol; ***Chile:*** Pravacol; ***Cz.:*** Lipostat†; ***Denm.:*** Pravachol; ***Fin.:*** Pravachol; ***Fr.:*** Elisor; Vasten; ***Ger.:*** Mevalotin; Prava Basics; Pravabeta; Pravagamma; PravaLich; Pravalip; Pravasin; ***Gr.:*** Antisterin; Asto-Chol; Cholipravin; Cosivatin; Lipoprav; Maxudin; Ositron; Panlipol; Pravachol; Pravafact; Pravahelp; Pravalip; Pravalong; Pravanox; Pravedol; Pravin; Pravostin; Privast; Sosmin; Vastil; Zoter; Zyon; ***Hong Kong:*** Pravachol; ***Hung.:*** Nikron; Prastin; Pravastar; ***India:*** Pravator; ***Indon.:*** Cholespar; Koleskol; Mevachol; Novales; Pravachol; ***Irl.:*** ByStat; Cholstat; Lipostat; Pravamel; Pravat; Pravitin; ***Israel:*** Lipidal†; Pravalip; ***Ital.:*** Aplactin; Prasterol; Pravaselect; Sanaprav; Selectin; ***Jpn:*** Mevalotin; ***Malaysia:*** Pravachol; ***Mex.:*** Astin; Brakhor; Colpradin; Kenstatin; Kenvastin; Lexet; Loretsin; Mavitina; Novina; Paver; Prascolend; Prasiver; Pravacol; Striacol; Tissulest; Tratinal; Tridanil-H; Vaprasil; Varlex; Xipral; ***Neth.:*** Lipitifi; Lipratif; Pratiflip†; Pravandrea; Selektine; Statifil; Tifistat†; Vastatifix; ***Norw.:*** Pravachol; ***NZ:*** Lipostat; Pravachol; ***Philipp.:*** Lipostat; Stanidine; ***Pol.:*** Apo-Prava; ***Port.:*** Pravacol; Pritanol; Sanaprav; ***S.Afr.:*** Pranalip; Prava; ***Singapore:*** Pravachol; ***Spain:*** Bristacol; Lipemol; Liplat; Prareduct; Pravalipem†; Pritadol; ***Swed.:*** Pravachol; ***Switz.:*** Mevalotin; Pravalotin; Pravasta eco; Pravatine; Selipran; ***Thai.:*** Mevalotin; ***Turk.:*** Pravachol; ***UK:*** Lipostat; ***USA:*** Pravachol; ***Venez.:*** Mevalotin; Pravacol.

Multi-ingredient: ***Fr.:*** Pravadual; ***Neth.:*** Selektine Plus; ***USA:*** Pravigard PAC†.

Prazosin Hydrochloride

(BANM, USAN, rINNM)

CP-12299-1; Furazosin Hydrochloride; Hidrocloruro de prazosina; Pratsosiinihydrokloridi; Prazosin Hidroklorür; Prazosine, chlorhydrate de; Prazosin-hydrochlorid; Prazosinhydroklorid; Prazosini hydrochloridum; Prazozin-hidroklorid; Prazozino hidrochloridas. 2-[4-(2-Furoyl)piperazin-1-yl]-6,7-dimethoxyquinazolin-4-ylamine hydrochloride.

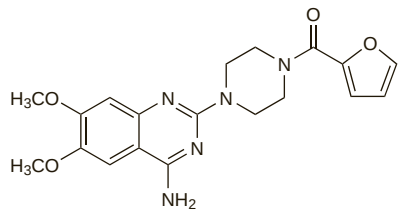
Празозина Гидрохлорид

$C_{19}H_{21}N_5O_4$,HCl = 419.9.

CAS — 19216-56-9 (prazosin); 19237-84-4 (prazosin hydrochloride).

ATC — C02CA01.

ATC Vet — QC02CA01.



(prazosin)

Pharmacopoeias. In *Chin.*, *Eur.* (see p.vii), and *US.*

Ph. Eur. 6.2 (Prazosin Hydrochloride). A white or almost white powder. Very slightly soluble in water; slightly soluble in alcohol and in methyl alcohol; practically insoluble in acetone. Protect from light.

USP 31 (Prazosin Hydrochloride). A white to tan powder. Slightly soluble in water, in dimethylacetamide, in dimethylformamide, and in methyl alcohol; very slightly soluble in alcohol; practically insoluble in acetone and in chloroform. Store in airtight containers. Protect from light.

Adverse Effects

Prazosin hydrochloride can cause orthostatic hypotension which may be severe and produce syncope after the initial dose; it may be preceded by tachycardia. This reaction can be avoided by starting treatment with a low dose, preferably at night (see Uses and Administration, below). The hypotensive effects may be exaggerated by exercise, heat, or alcohol ingestion.

The more common adverse effects include dizziness, drowsiness, headache, lack of energy, nausea, and palpitations, and may diminish with continued prazosin therapy or with a reduction in dosage. Other adverse effects include oedema, chest pain, dyspnoea, constipation, diarrhoea, vomiting, depression and nervousness, sleep disturbances, vertigo, hallucinations, paraesthesia, nasal congestion, epistaxis, dry mouth, urinary frequency and incontinence, reddened sclera, blurred vision, tinnitus, abnormal liver enzyme values, pancreatitis, arthralgia, alopecia, lichen planus, skin rashes, pruritus, and diaphoresis. Impotence and priapism have also been reported.

◊ General reviews.

1. Carruthers SG. Adverse effects of α -adrenergic blocking drugs. *Drug Safety* 1994; **11:** 12–20.

Effects on the cardiovascular system. Orthostatic hypotension, preceded by tachycardia and sometimes producing syncope, is an established adverse effect of the initial dose of prazosin. Sinus bradycardia was associated with prazosin in a patient who had light headedness after each daily dose.[1]

1. Ball J. Symptomatic sinus bradycardia due to prazosin. *Lancet* 1994; **343:** 121.

Effects on the gastrointestinal tract. Faecal incontinence in a 52-year-old man receiving prazosin was exacerbated by haemorrhoidectomy and appeared to be due to diminished resting anal tone, presumably because of smooth muscle relaxation secondary to alpha-adrenoceptor blockade.[1] Symptoms ceased almost immediately on stopping the drug.

1. Holmes SAV, *et al.* Faecal incontinence resulting from α -adrenoceptor blockade. *Lancet* 1990; **336:** 685–6.

Effects on mental function. Psychiatric symptoms including confusion, paranoia, and hallucinations developed in 3 patients associated with prazosin treatment.[1] Two of the patients had chronic renal failure and the other had mild renal impairment. Acute psychosis has also been reported with doxazosin.[2]

1. Chin DKF, *et al.* Neuropsychiatric complications related to use of prazosin in patients with renal failure. *BMJ* 1986; **293:** 1347.
2. Evans M, *et al.* Drug induced psychosis with doxazosin. *BMJ* 1997; **314:** 1869.

Hypersensitivity. Urticaria and angioedema were attributed to prazosin in a 70-year-old woman.[1]

1. Ruzicka T, Ring J. Hypersensitivity to prazosin. *Lancet* 1983; **i:** 473–4.

Lupus erythematosus. One study has reported the formation of antinuclear antibodies in patients receiving prazosin,[1] but this is not in agreement with other reports,[2,3] and commentators consider the association unproven.[4] There is no evidence of the development of lupus erythematosus.[1]

1. Marshall AJ, *et al.* Positive antinuclear factor tests with prazosin. *BMJ* 1979; **1:** 165–6.
2. Wilson JD, *et al.* Antinuclear factor in patients on prazosin. *BMJ* 1979; **1:** 553–4.
3. Melkild A, Gaarder PI. Does prazosin induce formation of antinuclear factor? *BMJ* 1979; **1:** 620–1.
4. Kristensen BØ. Does prazosin induce formation of antinuclear factor? *BMJ* 1979; **1:** 621.

Urinary incontinence. There have been reports of urinary incontinence developing in patients receiving prazosin. Analysis[1] of 56 cases reported to the Australian Adverse Drug Reactions Advisory Committee indicated that typically symptoms appeared within 1 or 2 days of the start of therapy and persisted until the drug was withdrawn or the dose reduced. Both stress and urge incontinence occurred, sometimes in the same patient. Of the 56 patients, 51 were women and most were elderly. In a study[2] in women attending a hypertension clinic urinary incontinence was reported in 40.8% of 49 women receiving alpha blockers (prazosin, terazosin, or doxazosin) and in 16.3% of controls. Incontinence might be due to a reduction in urethral pressure induced by alpha-adrenoceptor blockade.

Interestingly, faecal incontinence has also been reported with prazosin—see Effects on the Gastrointestinal Tract, above.

1. Mathew TH, *et al.* Urinary incontinence secondary to prazosin. *Med J Aust* 1988; **148:** 305–6.
2. Marshall HJ, Beevers DG. α-Adrenoceptor blocking drugs and female urinary incontinence: prevalence and reversibility. *Br J Clin Pharmacol* 1996; **42:** 507–9.

Treatment of Adverse Effects

If overdosage with prazosin occurs activated charcoal should be given if the patient presents within 1 hour of ingestion. Severe hypotension may occur and treatment includes support of the circulation by postural measures and parenteral fluid volume replacement, and if necessary cautious intravenous infusion of a vasopressor. Prazosin is not removed by dialysis.

Precautions

Treatment with prazosin should be introduced cautiously because of the risk of sudden collapse following the initial dose. Extra caution is necessary in patients with hepatic or renal impairment and in the elderly.

Prazosin is not recommended for the treatment of heart failure caused by mechanical obstruction, for example aortic or mitral valve stenosis, pulmonary embolism, and restrictive pericardial disease. It should be used with caution in patients with angina pectoris. Prazosin may cause drowsiness or dizziness; patients so affected should not drive or operate machinery.

Cataract surgery. For a warning about intraoperative floppy iris syndrome during cataract surgery in patients taking alpha blockers, see Surgical Procedures under Precautions for Tamsulosin Hydrochloride, p.2197.

Cerebral haemorrhage. Hypotension with disturbance of consciousness[1] occurred in 3 patients with recent cerebral haemorrhage after an initial dose of prazosin 500 micrograms.

1. Lin M-S, Hsieh W-J. Prazosin-induced first-dose phenomenon possibly associated with hemorrhagic stroke: a report of three cases. *Drug Intell Clin Pharm* 1987; **21:** 723–6.