

Commonly Used Drugs for Symptoms in Patients with Chronic Kidney Disease
 By Michael Germain, M.D.

| Drug | Active Metabolite | Reaction | Typical Adult Dose | t1/2 | Adult Dose in ESRD | t1/2 in ESRD | Removed by Dialysis? | Comment | Reference |
|----------------------------------|--|--------------------------|--------------------------------|-------------|--------------------------------|-------------------------------------|----------------------|---|-----------------------------|
| Sertraline (Zoloft®) | No active metabolites | Anxiety, agitation | 50-200mg | 24 h | 50-200mg | 42-96h | H: minimal | Minimal changes in kinetics in ESRD. Useful in sudden H hypotension | 11, 20, 31, 55, 61, 88, 102 |
| Alprazolam (Xanax®) | α-hydroxy-alprazolam (αHA) (< 15% of alprazolam) | hallucinations | 0.25-5mg tid | 9 -19 h | 0.25-5mg tid | 9-19h | H: minimal | Increased Free Fraction in ESRD minimal differences in dialysis-dependant patients | 4, 28, 44, 46, 52, 55, 87 |
| Lorazepam (Ativan®) | No active metabolites | | 1-2mg bid-tid | 9-16 h | 0.5 -2mg bid | 32-70 h | H: no | Manufacturer does not recommend in ESRD. | 4, 46, 55, 65, 100 |
| Midazolam (Versed®) | alpha-hydroxymidazolam conjugate (AHM-C) | prolonged sedation | 1.25mg IV, titrate to response | 1.2 – 12.3h | 1.25mg IV, titrate to response | 1.2 – 12.3 h AMH-C 50.4-76.8h | | ? increased effect due to reduced protein binding? | 4, 5, 55, 100 |
| Oxazepam (Serax®) | No active metabolites | | 30-120mg/d | 6-25 h | 30-120mg/d | 25-90 h | H: no | | 4, 46, 55 |
| Temazepam (Restoril®) | No active metabolites | | 15-30mg hs | 4-10h | 15-30mg hs | | H: no CAPD: no | | 4, 46, 55 |
| Triazolam (Halcion®) | Alpha-hydroxytriazolam | Hallucinations, Paranoia | 0.125-0.5mg | 2-4h | 0.125-0.5mg | 2.3 h | H: no CAPD: no | | 4, 55, 73 |
| Zaleplon (Sonata®) | No active metabolites | | 5-20mg at hs | 1 h | ? 5-10mg? | | | No dose adjustment necessary per manufacturer for mild to moderate renal impairment. Not studied in ESRD. | 80 |
| Zolpidem (Ambien®) | No active metabolites | | 10mg | 2-3 h | reduce dose by 50% | 4-6 h | | Increased Free fraction | 1, 62 |
| Carbamazepi | Carbamazepine 10-11 | | 100mg BID to | 12-17 h | 100mg BID to | Similar to | H: no | Used for | 4, 99 |

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| ne (Tegretol ®) | epoxide Also: 9 hydroxymethyl-10-carbamoyl acridan. | | 400mg QID (with chronic dosing) | 400mg QID | normal renal function | CAPD: no | neuropathy pain | |
| Gabapentin (Neurontin ®) | | | 300-600mg TID | 5-7 300mg QOD or 200-300mg after each 4 hour hemodialysis | 132 H: yes CAPD: partial | Used for neuropathy pain And restless leg syndrome | 4, 101 | |
| Pergolide (Permax ®) | Multiple (? Activity) | | 0.025mg/d up to 3mg tid | | | 55% renal clearance Not studied in renal insufficiency Used for restlessleg syndrome | 24, 85 | |

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| Pentazocine (Talwin®) | Inactive glucuronide metabolite | confusion, hallucinations | 50-100mg po q3-4h | 1.5-10h | 25-50mg po q3-4h | | H: no | Partial antagonist should not be used for individuals receiving chronic opioids. 60-70% renal excretion with 5-8% excreted as unchanged drug | 4, 82, 102 |
| Propoxyphene (Darvon®, Darvocet®) | Nor-propxophene (NP) | Cns + respiratory depression | 65mg po tid-qid | 12-15h NP: 23-36h | Avoid | 12-20 h accumulation of NP | H: negligible CAPD: negligible | Avoid in ESRD | 4, 11, 18 |
| Sulindac (Clinoril®) | active sulfide metabolite (SS) | psychosis, aseptic meningitis with delirium, stupor | 200mg BID | 7.8h SS: 16.4h | 200mg BID | | H: negligible | Prostaglandin inhibition may result in renal dysfunction, uremic bleeding, and GI bleeding. Nephrotic syndrome, interstitial nephritis, hyperkalemia ? more renal sparing? | 11, 34, 55, 69, 102 |
| Ibuprofen (Motrin®, Advil®) | Metabolites - ? activity | aseptic meningitis with lethargy, coma | 200-800mg tid | 2-3.2h | 200-800mg tid | 2-3.2h | H: no CAPD: no | Prostaglandin inhibition may result in renal dysfunction, uremic bleeding, and GI bleeding. Nephrotic syndrome, interstitial nephritis, hyperkalemia | 4, 34, 55 |

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| Indomethacin (Indocin®) | Inactive metabolites | visual hallucinations, paranoid delusions | 25-50mg tid | 4-12h | 25-50mg tid | 4-12h | H: no CAPD: no | Prostaglandin inhibition may result in renal dysfunction, uremic bleeding, and GI bleeding. Nephrotic syndrome, interstitial nephritis, hyperkalemia | 4, 55, 102 |
| Methadone (Dolophine®, Methadose®) | N-Demethyl-Methadone (NDM) | | 2.5-10mg q6-8h | 13-58 h | 1.25-5mg q6-8h | | H: negligible CAPD: negligible | not significantly different in ESRD; Titrate to effect. | 4, 11, 35, 55 |
| Meperidine (Demerol®) | Nor-meperidine (NM) | hallucinations, seizures, stupor | 50-100mg IM q3-4h | 2-7 h NM: 14-20 h | Avoid | 7-32 h NM: 34 h | H: negligible CAPD: negligible | NM accumulation in renal failure significant and increases risk of seizures | 4, 11, 18, 35, 55, 102 |
| Morphine (MSIR®, MS Contin®) | Morphine 3 and 6 glucuronides (M3 + M6) | | 20-25mg po q4h 2-10mg IV | 1.7-2.5 h | 10-12mg po q4h 1-5mg IV | 1.2-4.5 h | H: no | Accumulation of metabolites in ESRD; accumulation of M3 associated with some antagonist properties | 4, 18, 55, 100 |
| Oxycodone (OxyContin®, Roxicodone®, in Percocet®, Percodan®, Tylox®) | Metabolites - ? activity | hallucinations | 10-30mg po q4h | 3.2h | | | | Manufacturer recommends caution | 76, 102 |
| Codeine | Codeine 6 Glucuronide, Morphine | hypotension sedation CNS depression | 30-60mg q4-6h | 2.5-4 h | 15-30mg q4-6h | 18 h | | Hypotension, sedation in ESRD has been reported | 4, 18, 55 |
| Naloxone | | | 0.5-5 mg iv | 1-1.5 | | No data | No change | Used in Pruritis | |

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| Carbidopa/ Levodopa (Sinemet®) | Active metabolites | hallucinations, agitation | 25/100 tid | C:2 h L:0.8-1.6h | 50% dose reduction | ↑Active metabolites | No change | Used for restless leg syndrome | 4, 102 |
| Amantadine (Symmetrel®) | | hallucinations, agitation | 100mg q8-12h | 12h | 100mg q 7 d | 500h | H: Variable reports | Accumulation in renal failure | 4, 10, 11, 42, 102 |
| Cimetidine (Tagamet®) | Inactive metabolites | depression, confusion, auditory + visual hallucinations | 400mg bid or 400-800mg qhs | 1.5-2 h | 100-200mg bid or 200-400mg qhs | 5 h | H: 10-20% CAPD: negligible | Accumulation in renal failure | 4, 11, 42, 55, 102 |
| Diphenhydramine (Benadryl®) | Inactive metabolites | confusion | 25mg tid-qid | 3.4-9.3h | 25mg tid-qid | | H: no CAPD: no | Anticholinergic effects including urinary retention | 4 |
| Ranitidine (Zantac®) | Inactive metabolites | depression | 150-300mg qhs | 1.5-3 h | 75mg qhs | 6-9 h | H: 50-60% CAPD: negligible | Accumulation in renal failure | 4, 11, 55, 102 |
| Methylphenidate (Concerta®, Methylin® Ritalin®) | Active metabolite | hallucinations | | | | | | | 102 |
| Metoclopramide Reglan® | Active metabolite | Anxiety, agitation, Tardive Dyskinesia | 5-10 mg qid | 2.5-4h | 5 mg qid | 14-15 h | H-none CAPD-no data | Increased extrapyramidal side effects in ESRD | 103 |
| Midodrine | | | 5-10 mg q8h | 0.5 h | 5-10 mg q 8h | No data | H- none | Used for dialysis hypotension | 104 |
| Ondansetron | | | 4-32mg iv or po | 2.5-5.5 h | No change | 2.5-5.5 h | No data | Used with Nausea and Pruritis | 105 |

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