

## **Lippincott 2002 Nursing Drug Guide advertisement.**

[s.l.]: [s.n.], 2000

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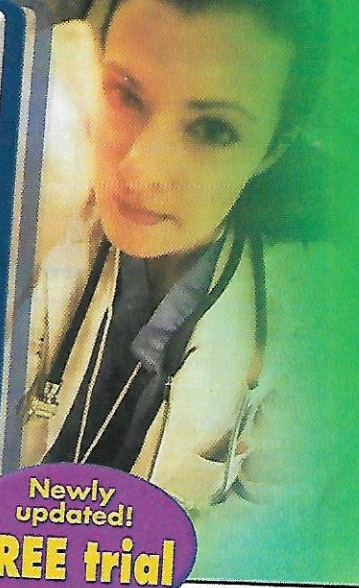
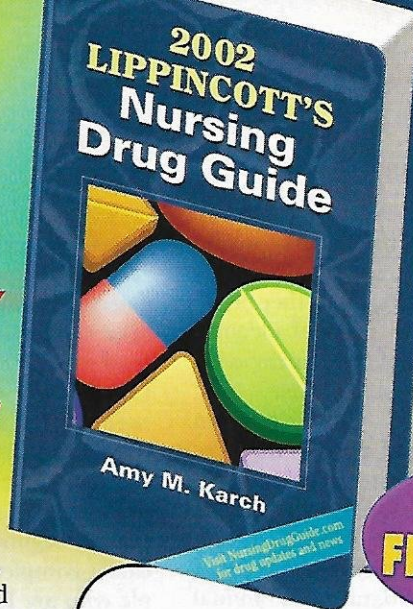
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685 ■ liothyronine sodium

### Drug-specific teaching points

- Take drug on an empty stomach, 1 h before or 2-3 h after meals. Take the drug with a full glass of water.
- Take prescribed course. Do not stop taking without notifying your health care provider.
- The following side effects may occur: nausea, vomiting (small frequent meals may help); superinfections in the mouth, vagina (use frequent hygiene measures, request treatment if severe); rash, flu-like sickness (report if severe).
- Report severe or watery diarrhea, inflamed mouth or vagina, skin rash or lesions.

### liothyronine sodium

(Lye' oh thy'e' roe neen)

T<sub>3</sub>, triiodothyronine

Cytomel, Triostat

Pregnancy Category A

### Drug class

Thyroid hormone

### Therapeutic actions

Increases the metabolic rate of body tissues, thereby increasing oxygen consumption; respiratory and heart rate; rate of fat, protein, and carbohydrate metabolism; and growth and maturation.

### Indications

- Replacement therapy in hypothyroidism
- Pituitary TSH suppression in the treatment and prevention of euthyroid goiters and in the management of thyroid cancer
- Thyrotoxicosis in conjunction with antithyroid drugs and to prevent goitrogenesis, hypothyroidism, and thyrotoxicosis during pregnancy
- Synthetic hormone used with patients allergic to desiccated thyroid or thyroid extract derived from pork or beef
- Diagnostic use: T<sub>3</sub> suppression test to differentiate suspected hyperthyroidism from euthyroidism
- Orphan drug use—treatment of myxedema coma and precoma

### Contraindications/cautions

- Contraindications: allergy to active or extraneous constituents of drug, thyrotoxicosis, and acute MI uncomplicated by hypothyroidism.
- Use cautiously with Addison's disease (treat hypoadrenalism with corticosteroids before thyroid therapy) and lactation.

### Dosage

**Available Forms:** Tablets—5, 25, 50 µg; injection—10 µg/mL

25 µg equals approximately 65 mg (1 grain) thyroid.

### Adult

- **Hypothyroidism:** Initial dosage: 25 µg/d PO. May be increased every 1-2 wk in 12.5- to 25-µg increments. Maintenance: 25 to 75 µg/d.
- **Myxedema:** Initial dosage: 5 µg/d PO. Increase in 5- to 10-µg increments every 1-2 wk. Maintenance: 50 to 100 µg/d.
- **Myxedema coma and precoma:** 25 to 50 µg IV q4-12h; do not give IM or SC.
- **Simple goiter:** Initial dosage: 5 µg/d PO. May be increased by 5- to 10-µg increments every 1-2 wk. Maintenance: 75 µg/d.
- **T<sub>3</sub> suppression test:** 75 to 100 µg/d PO for 7 d, then repeat I-131 uptake test. I-131 uptake will be unaffected in the hyperthyroid patient but will be decreased by 50% or more in the euthyroid patient.

### PEDIATRIC

- **Cretinism:** Infants require replacement therapy from birth. Starting dose is 5 µg/d PO with 5-µg increments q3-4 d until the desired dosage is reached. Usual maintenance dosage: 20 µg/d PO up to 1 y of age; 50 µg/d for 1-3 y of age. Adult dosage after 3 y.
- **GERIATRIC:** Start therapy with 5 µg/d PO. Increase by only 5-µg increments, and monitor patient response.

### Pharmacokinetics

Route	Onset	Peak	Duration
Oral	Varies	2-3 d	3-4 d
IV	Rapid	End of infusion	

**Metabolism:** Hepatic; T<sub>1/2</sub>: 1-2 d

**Distribution:** Does not cross placenta; enters breast milk

**Excretion:** Urine

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Lippincott, P.O. Box 1600, Hagerstown, MD 21741. Include your name, address, book title, and code A1Z57901.

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