Drug Information Table
Direct renin inhibitors – aliskiren (Tekturna)

Therapeutic Use Administration		
Treats hypertension	<ul> <li>Available in oral form only</li> <li>High fat-meals decrease absorption</li> <li>Give at a consistent time daily relative to meals</li> <li>Expect 2 weeks before full effect is seen</li> <li>Monitor for hypotension at beginning of therapy and after any dose increase</li> </ul>	
Side/Adverse Effects	Interventions	Patient Instructions
• Hyperkalemia	<ul> <li>Monitor for signs of hyperkalemia (see patient instructions)</li> <li>Monitor periodic potassium levels, BUN and creatinine in patients at risk for hyperkalemia</li> <li>Ensure that patient is not taking potassium-sparing diuretics or other drugs that raise potassium levels (see interactions)</li> </ul>	<ul> <li>Do not take potassium supplements, salt substitutes or drugs that raise potassium levels unless prescribed by the provider</li> <li>Report palpitations, muscle twitching, weakness, or paresthesias in extremities to provider</li> </ul>
Cough or angioedema (swelling of mouth, throat)—can occur at any time during treatment	<ul> <li>Monitor for and report persistent cough to provider</li> <li>Monitor and report angioedema immediately</li> <li>Treat moderate-severe angioedema with epinephrine</li> </ul>	<ul> <li>Report persistent cough to provider</li> <li>Report minor swelling of mouth, throat to provider; call 911 immediately if severe reaction occurs</li> </ul>
Diarrhea, abdominal pain —     more likely in high doses	Monitor for and report GI symptoms	Report GI symptoms to provider
		Stop taking aliskiren if pregnant; fetal injury can occur after 1st trimester
Contraindications	Precautions	Interactions
<ul> <li>Pregnancy risk category D (second and third trimesters)— fetal injury; lactation</li> <li>Allergy to aliskiren</li> <li>Hyperkalemia, hypercalcemia, or in dehydration</li> <li>Children younger than 18 years of age</li> </ul>	<ul> <li>Older adults</li> <li>Patients taking any prescribed drug that increases potassium levels, such as ACE inhibitors</li> <li>Patients with low creatinine clearance</li> <li>Diabetes mellitus</li> <li>History of angioedema</li> <li>Respiratory disorders or history of airway surgery</li> </ul>	<ul> <li>Other antihypertensive drugs have additive effect with aliskiren</li> <li>ACE inhibitors, ARBs, and potassium-sparing diuretics, which increase potassium levels, increasing risk for hyperkalemia</li> <li>Decreases blood level of furosemide</li> <li>Atorvastatin (Lipitor) and ketoconazole increase blood levels</li> <li>Irbesartan (Avapro) decreases blood levels</li> </ul>