

Midodrine Information Leaflet

Information for prescribers and pharmacists

Indication

- Idiopathic postural hypotension

Doses and Administration

- The usual starting dose is 2.5mg 2 – 3 times daily
- The dose should be increased at intervals of 3 – 5 days until the optimal response is obtained.
- Most patients are controlled on doses at or below 30mg daily in divided doses
- Doses should be taken in the morning, at noon and evening.
- The last dose should be taken at least four hours before bedtime to reduce the risk of supine hypertension
- Some patients may require a morning dose higher than that taken later in the day

Pharmacology

- Midodrine is a directly acting sympathomimetic with selective alpha-agonist activity.
- Midodrine enhances smooth muscle tone leading to peripheral vasoconstriction.
- It has no direct cardiac stimulatory effects
- Midodrine slightly decreases cardiac output and renal blood flow. It increases the tone of the internal bladder sphincter and delays the emptying of the bladder.
- Midodrine is a prodrug, the active metabolite is deglymidodrine

Contra-indications

- Midodrine is contraindicated in patients with severe organic heart disease, congestive heart failure, thyrotoxicosis, phaeochromocytoma, acute renal disease, severe renal insufficiency, urinary retention, narrow angle glaucoma, hyperthyroidism, known hypersensitivity to any component of the product
- Patients with a history of CVA should be monitored closely

Adverse Effects

- Cardiovascular
 - Supine hypertension – usually detected at the initiation of therapy and during titration
 - Symptoms of supine hypertension may include: chest pain, SOB, palpitations, headache, blurred vision etc
 - Reflex bradycardia
 - Arrhythmias
- Skin
 - Rash, pruritis (mainly of the scalp), flushing

- Gastrointestinal
 - Nausea
 - Vomiting
 - Dyspepsia
- Central Nervous System
 - Parathesia
 - Headache
 - Restlessness
 - Excitability
 - Irritability
- Urinary
 - Urinary retention

Monitoring

- Supine and standing blood pressures during the use of the drug
- Urea and Electrolytes
- Renal Function
- Heart rate
- Liver Function Tests

Drug interactions

Cardiac Glycosides	Midodrine may potentiate reflex bradycardia or other kinds of conduction disorders and arrhythmia
Alpha and beta adrenergic blocking drugs	The blood pressure raising effects of midodrine may be antagonised by alpha blockers. The heart rate reducing effect of beta blockers may be increased.
Atropine	Midodrine may enhance the blood pressure raising effect of atropine
Tricyclic antidepressants Sympathomimetic agents Thyroid hormones MAO-inhibitors Corticosteroids	Increased sympathomimetic effect (increase in blood pressure)

Prescribing Status In Doncaster

- Red Listed
- Hospital consultants who initiate prescribing will be expected to make arrangements for continuation of therapy and to continue monitoring of the patient

References
 Summary of Product Characteristics Midon 2010
 Martindale: The Complete Drug Reference
 Patient Information Leaflet Gutron