

Administer:**PO route**

- With 1st bite of each meal 3×/day
- Store in a tight container, cool environment

SIDE EFFECTS

GI: *Abdominal pain, diarrhea, flatulence*

PHARMACOKINETICS

Poor systemic absorption, peak 1 hr, duration 2–4 hr, metabolized in GI tract, excreted as intact product in urine, half-life 2 hr

INTERACTIONS

Increase: acetaminophen toxicity—acetaminophen combined with alcohol; avoid concurrent use

Increase or decrease: glycemic control—androgens, lithium, bortezomib, quinolones; check for glucose control

Decrease: effect of digoxin; monitor digoxin levels

Increase: hypoglycemia—sulfonylureas, insulin, MAOIs, salicylates, fibric acid derivatives, bile acid sequestrants, ACE inhibitors, angiotensin II receptor antagonists, β -blockers; check for glucose control

Decrease: effect, increase hyperglycemia—digestive enzymes, intestinal absorbents, thiazide diuretics, loop diuretics, corticosteroids, estrogen, progestins, oral contraceptives, sympathomimetics, isoniazid, phenothiazines, protease inhibitors, atypical antipsychotics, carbonic anhydrase inhibitors, cycloSPORINE, tacrolimus, baclofen

Drug/Herb

Increase: hypoglycemia—chromium, garlic, horse chestnut; check for glucose control

Drug/Lab Test

Increase: ALT, AST

Decrease: calcium, vit B₆, Hgb, Hct

NURSING CONSIDERATIONS**Assess:**

- **Hypoglycemia** (weakness, hunger, dizziness, tremors, anxiety, tachycardia, sweating); even though product does not cause hypoglycemia, if patient is on sul-

fonylureas or insulin, hypoglycemia may be additive; if hypoglycemia occurs, treat with dextrose or, if severe, with IV glucose or glucagon

- For stress, surgery, or other trauma that may require change in dose

- Monitor AST, ALT q3mo \times 1 yr and periodically thereafter; if elevated, dose may need to be reduced or discontinued, usually increased with doses \geq 300 mg/day; dose-related elevations may occur and patients are usually asymptomatic; if symptomatic, dosage reduction or withdrawal is needed; A1c q3mo, monitor serum glucose, 1 hr PP throughout treatment

- GI side effects for tolerability/compliance

- **Pregnancy/breastfeeding:** use in pregnancy only if needed; avoid breastfeeding if using acarbose with other anti-diabetics

Evaluate:

- Therapeutic response: improved signs/symptoms of diabetes mellitus (decreased polyuria, polydipsia, polyphagia; clear sensorium, absence of dizziness, stable gait)

Teach patient/family:

- The symptoms of hypo/hyperglycemia; what to do about each, that other medications may increase hypoglycemia risk

- That medication must be taken as prescribed; that must be taken with food; explain consequences of discontinuing medication abruptly; that insulin may need to be used for stress, including trauma, surgery, fever

- To avoid medications and herbal supplements unless approved by health care provider

- That diabetes is a lifelong illness; that the diet and exercise regimen must be followed; that this product is not a cure

- To carry emergency ID and a glucose source; to avoid sugar, because sugar is blocked by acarbose

- That blood glucose monitoring is required to assess product effect

- To avoid breastfeeding if using acarbose with other anti-diabetics