

SPIRONOLACTONE

Trade Name	Spironolactone Oral Suspension (Biomed).
Class	Diuretic (potassium sparing)
Mechanism of Action	Aldosterone antagonist in distal renal tubules increasing Na, Cl, and water excretion, but conserving potassium.
Indications	Used to potentiate other diuretics in the treatment of CHF and CLD ie situations of increased aldosterone secretion.
Contraindications	Renal failure, anuria, hyperkalaemia, hyponatraemia. Potassium supplementation.
Supplied As	5mg/mL
Dilution	Not required
Dosage	1mg/kg/dose
Interval	12 or 24 hourly
Administration	Oral with feed
Compatible With	Not applicable – do not mix with any other medication
Incompatible With	Not applicable – do not mix with any other medication
Interactions	Potassium chloride and ACE inhibitors may additively increase serum potassium. Spironolactone can decrease clearance of digoxin. Combination of spironolactone with an ACE inhibitor <u>plus</u> loop diuretic may lead to acute renal failure.
Monitoring	Serum electrolytes, glucose, uric acid and renal function.
Stability	As per date on bottle, no preservative. Discard 7 days after opening.
Storage	Refrigerate at 2- 8 °C.
Adverse Reactions	Hyperkalaemia, hyponatraemia, decreased renal function, GI disturbance, cardiac arrhythmia secondary to electrolyte imbalance, rashes, hypovolaemia, hyperphosphaturia, hypercalciuria.
Metabolism	Protein bound. Peak at 1-3 hours. Half life 15 hours (adults). Hepatic metabolism into active metabolites (canrenone). Urine and bile elimination.
Comments	Max response obtained after 2-3 days.

References	<ol style="list-style-type: none">1. Cochrane library : Brion LP; Diuretics acting on the distal renal tubule for preterm infants with CLD : 2000, issue 1.2. Medicines for children, July 1999, RCPCH, pg 486.3. Neofax 1999 (12th ed) pg 150.4. Pediatric dosage handbook 1999-2000 (6th ed) pg 832.
Updated By	P Schmidt & B Robertshawe December 2004 A Lynn, B Robertshawe Dec 2012 (re-order profile) A Lynn, B Robertshawe February 2022 (update format)