Naproxen

Class: Nonsteroidal Anti-inflammatory Drug (NSAID), Oral

Indications: Acute gout/Ankylosing spondylitis/Bursitis/Juvenile arthritis/Juvenile rheumatoid arthritis/Osteoarthritis/Rheumatoid arthritis/Tendonitis (Rx products only): For the relief of the signs and symptoms of acute gout, ankylosing spondylitis, bursitis, juvenile arthritis (excluding ER tablets), juvenile rheumatoid arthritis (oral suspension only), osteoarthritis, rheumatoid arthritis, and tendonitis. Delayed-release naproxen is not recommended for initial treatment of acute pain.

Pain/Primary dysmenorrhea (Rx and OTC products): For the relief of mild-to-moderate pain and the treatment of primary dysmenorrhea. Delayed-release naproxen is not recommended for initial treatment of acute pain.

Available dosage form in the hospital: Tablet, oral: 250 mg, 275 mg, 500 mg, 550 mg.

Suppositories, rectal: 500 mg.

Trade Names:

Dosage: **Note:** Dosage expressed as naproxen base; 200 mg naproxen base is equivalent to 220 mg naproxen sodium. For relief of acute pain, naproxen sodium may be preferred due to more rapid absorption and onset; naproxen base may also be used however EC-Naprosyn® is not recommended.

Ankylosing spondylitis, osteoarthritis, rheumatoid arthritis: Oral: 500-1000 mg daily in 2 divided doses; if tolerating well and clinically indicated, may increase to 1500 mg daily of naproxen base for limited time period (<6 months)

Naproxen extended-release tablets: Initial: 750-1000 mg once daily; may temporarily increase to 1500 mg daily of naproxen base if tolerating well and clinically indicated

Gout, acute: Oral: Initial: 750 mg, followed by 250 mg every 8 hours until attack subsides

Naproxen extended-release tablets: Initial: 1000-1500 mg once daily followed by 1000 mg once daily until attack subsides

Pain (mild-to-moderate), dysmenorrhea, acute tendonitis, bursitis: Oral: Initial: 500 mg, followed by 500 mg every 12 hours or 250 mg every 6-8 hours; maximum daily dose: Day 1: 1250 mg naproxen base; subsequent daily doses should not exceed 1000 mg naproxen base

Naproxen extended-release tablets: Oral: Initial: 1000 mg once daily; may temporarily increase to 1500 mg once daily if greater pain relief is needed. Dose should be subsequently reduced to a maximum of 1000 mg daily.

Migraine, acute (unlabeled use): Initial: 750 mg; an additional 250-500 mg may be given if needed (maximum: 1250 mg in 24 hours) (Andersson, 1989; Nestvold, 1985).

OTC labeling: Pain, fever: 200 mg naproxen base every 8-12 hours; if needed, may take 400 mg naproxen base for the initial dose; maximum: 400 mg naproxen base in any 8- to 12-hour period or 600 mg naproxen base/24 hours

Renal Impairment: Cl_{cr} <30 mL/minute: use is not recommended.

Hepatic Impairment: Manufacturer's labeling suggests that a reduced dose should be considered; use with caution in chronic disease (eg, alcoholic liver disease), particularly at higher doses; dose adjustment may be required.

Common side effects: Cardiovascular: Edema (3% to 9%), palpitations (<3%)

Central nervous system: Dizziness (3% to 9%), drowsiness (3% to 9%), headache (3% to 9%), lightheadedness (<3%), vertigo (<3%)

Dermatologic: Pruritus (3% to 9%), skin eruption (3% to 9%), ecchymosis (3% to 9%), purpura (<3%), rash

Endocrine & metabolic: Fluid retention (3% to 9%)

Gastrointestinal: Abdominal pain (3% to 9%), constipation (3% to 9%), nausea (3% to 9%), heartburn (3% to 9%), diarrhea (<3%), dyspepsia (<3%), stomatitis (<3%), flatulence, gross bleeding/perforation, indigestion, ulcers, vomiting

Genitourinary: Abnormal renal function

Hematologic: Hemolysis (3% to 9%), ecchymosis (3% to 9%), anemia, bleeding time increased

Hepatic: LFTs increased

Ocular: Visual disturbances (<3%)

Otic: Tinnitus (3% to 9%), hearing disturbances (<3%)

Respiratory: Dyspnea (3% to 9%)

Miscellaneous: Diaphoresis (<3%), thirst (<3%)

Pregnancy Risk Factor: C