Drug name: XXXXXX	**Generic name:** XXXXXX	**Function/action:** XXXXXX
Nutrients affected	**Adverse reactions**	**Biochemical factors**
Na[302] B1[870, 874]	Nausea[437, 438] Vomiting[437, 438] Constipation[437, 438] Diarrhoea[437, 438] ↑Weight[438, 428] ↓Weight[437, 438] ↓Appetite[437, 438] ↑Appetite[438] Dry mouth[437, 438] Sweating[437, 438] Tremor[437, 438]	hypoglycaemia[437] hyperglycaemia[438] hyponatraemia[57, 302, 347, 348, 437, 438, 527] hypercholesterolaemia[438] hypouricaemia[438]

Nutritional care

Pharmacokinetics

- Binding of drug to plasma proteins ~ 98% [437, 438].
- Associated with cytochrome P450 pathway [437], isozyme 2D6 [438].
- May alter glycaemic control [437].

Drug Food Interactions

- Tryptophan contra-indicated [438]. Tryptophan food sources include bananas, pineapples, walnuts, milk protein, eggs, white bread, beef, corn [499].
- Interacts with grapefruit juice to increase drug availability [403].
- Alcohol contra-indicated [438].

Drug Nutrient Interactions

- Concurrent administration with diuretic has a synergistic effect for hyponatraemia [302].
- Regular measurement of serum sodium levels recommended [302].
- **THTR2 (Thiamine Transporter 2)** and drug interactions:-
- - THTR2 is a transporter that facilitates absorption of thiamine from the intestine into enterocytes [872], excretion of thiamine from the kidneys [874], and facilitates thiamine absorption into retinal cells [872];

- - drug is an inhibitor (blocks transporter function) of THTR2 [870, 874];
- - therapeutic doses of drug are likely to inhibit thiamine absorption [870, 874], and renal reabsorption [874], and may contribute to thiamine deficiency [870, 874], especially in at risk populations [870]; proposed mechanism - inhibition of intestinal THTR2 [870, 874];
- - drug inhibition of THTR2 is a proposed mechanism for drug-induced lactic acidosis [870].
- Drug is an inhibitor (blocks transporter function) [885] of OCT1. OCT1 functions as a major thiamine transporter [768, 890, 888, 881, 884, 883, 879] that can also transport choline [673, 881, 882, 884] and tyramine [881, 883], from the portal vein into liver hepatocytes [768, 673, 878, 881, 884, 886, 888].
- Drug is an OCT2 inhibitor [894] – proposed mechanism:- inhibition of tyrosine phosphorylation, likely via Src-family kinase Yes1 [900]. OCT2 transports a number of endogenous substances, including choline [883, 884], histamine [883, 884], creatinine [883, 884], and primarily thiamine [875, 883]; a significant function seems to be transfer of thiamine from the blood stream into the kidneys [875].
- Drug is a substrate (can be carried by the transporter) [874] of OCT3. OCT 3 is a polyspecific organic cation transporter [873] that transports several endogenous substances, including choline [884, 874], histamine [884, 874] creatinine [884, 874], carnitine [874] and thiamine [875, 883, 903]; albeit thiamine transport is equivocal [901]. OCT3 is predominant in skeletal muscle [883, 902], and strongly expressed in salivary gland [883, 902]; dysfunction or inhibition of salivary glands can lead to dry mouth [902].

Non Oral Feeding

- Can be administered to the stomach before, during and after bolus, intermittent or continuous feeding [219].

Impaired Swallow

- Can be administered with nectar, honey or thickshake consistency fluids; and vitamised, minced or soft texture foods [219].