Metoclopramide Disease Interactions

There are **10 disease interactions** with metoclopramide:

• Depression • Gastrointestinal Disorders • Nms • Pheochromocytoma • Seizures	• Tardive Dyskinesia • Fluid Retention • Hypertension • Parkinsonism • Renal Dysfunction

Metoclopramide (Includes Metoclopramide) ↔ Depression

Severe Potential Hazard, Moderate plausibility
Applies to: Depression
Metoclopramide has been reported to cause mental depression in patients with and without a prior history of depression. Symptoms have ranged from mild to severe and have included suicidal ideation and suicide. Therapy with metoclopramide should be administered cautiously, and only if benefits are anticipated to outweigh the potential risks, in patients with a history of mental depression, especially suicidal tendencies. Some patients who experience depression with metoclopramide have improved following temporary discontinuation of the drug and reinstitution at a lower dosage with gradual titration.

Metoclopramide (Includes Metoclopramide) ↔ Gastrointestinal Disorders

evere Potential Hazard, High plausibility
Applies to: Gastrointestinal Hemorrhage, Gastrointestinal Perforation, Intestinal Obstruction
The use of metoclopramide is contraindicated in patients with conditions where stimulation of gastrointestinal motility might be harmful, such as mechanical bowel obstruction, bowel perforation, or gastrointestinal hemorrhage.

Metoclopramide (Includes Metoclopramide) ↔ Nms

Severe Potential Hazard, Moderate plausibility
Applies to: Neuroleptic Malignant Syndrome
Although not a neuroleptic agent, metoclopramide has antidopaminergic effects and may rarely precipitate or aggravate a potentially fatal symptom complex known as Neuroleptic Malignant Syndrome (NMS). Clinical manifestations of NMS include hyperpyrexia, muscle rigidity, involuntary movements, altered mental status and autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis and cardiac arrhythmias). Metoclopramide therapy should not be initiated in patients with active NMS and should be immediately discontinued if currently being administered in such patients. In patients with a history of NMS, introduction or reintroduction of metoclopramide or other antidopaminergic therapy should be carefully considered, since NMS may recur.

Metoclopramide (Includes Metoclopramide) ↔ Pheochromocytoma

Severe Potential Hazard, High plausibility
Applies to: Pheochromocytoma
The use of metoclopramide is contraindicated in patients with pheochromocytoma. In a study involving patients with essential hypertension, intravenously administered metoclopramide was shown to induce the release of catecholamines. Hypertensive crises may occur in patients with pheochromocytoma due to induction of catecholamine release from the tumor.

Metoclopramide (Includes Metoclopramide) ↔ Seizures

Severe Potential Hazard, High plausibility
Applies to: Seizures
The use of metoclopramide is contraindicated in patients with seizure disorders. Metoclopramide may increase the frequency and severity of seizures.

Metoclopramide (Includes Metoclopramide) ↔ Tardive Dyskinesia

Severe Potential Hazard, Moderate plausibility
Applies to: Tardive Dyskinesia
Metoclopramide may precipitate symptoms of tardive dyskinesia (TD), a syndrome consisting of rhythmic involuntary movements variously involving the tongue, face, mouth, lips, jaw, and/or trunk and extremities, following chronic use of at least several months but often years. Elderly patients, particularly women, are most susceptible. Both the risk of developing TD and the likelihood that it will become irreversible increase with the duration and total cumulative dose of metoclopramide or other antidopaminergic therapy administered. However, patients may infrequently develop symptoms after relatively brief treatment periods at low dosages. If TD occurs during metoclopramide therapy, prompt withdrawal of the drug or at least a lowering of the dosage should be considered. TD symptoms usually become more severe after drug discontinuation or a dosage reduction, but may gradually improve over months to years. In patients with preexisting drug-induced TD, initiating or increasing the dosage of metoclopramide therapy may temporarily mask the symptoms of TD but may eventually worsen the condition.

Metoclopramide (Includes Metoclopramide) ↔ Fluid Retention

Moderate Potential Hazard, Moderate plausibility
Applies to: Congestive Heart Failure, Fluid Retention, Cirrhosis
Metoclopramide produces a transient increase in plasma aldosterone and may cause fluid retention and volume overload in susceptible patients. Therapy with metoclopramide should be administered cautiously in patients with or at risk for fluid overload (e.g., cirrhosis, congestive heart failure). If it occurs within the first few weeks of metoclopramide therapy, the drug should be discontinued.

Metoclopramide (Includes Metoclopramide) ↔ Hypertension

Moderate Potential Hazard, Moderate plausibility
Applies to: Hypertension

In a study involving patients with essential hypertension, intravenously administered metoclopramide was shown to induce the release of catecholamines. Therapy with metoclopramide should be administered cautiously in patients with hypertension because of potential increases in blood pressure.

Metoclopramide (Includes Metoclopramide) ↔ Parkinsonism

Moderate Potential Hazard, Moderate plausibility
Applies to: Parkinsonism
Metoclopramide has antidopaminergic effects and may cause pseudo-parkinsonian symptoms such as akinesia, bradykinesia, tremors, pill-rolling motion, cogwheel rigidity, and postural abnormalities including stooped posture and shuffling gait. The onset is usually within the first six months following initiation of therapy but occasionally after longer periods. Symptoms generally subside within 2 to 3 months after drug discontinuation. Therapy with metoclopramide should be administered cautiously, if at all, in patients with Parkinson's disease or parkinsonian symptoms.

Metoclopramide (Includes Metoclopramide) ↔ Renal Dysfunction

Moderate Potential Hazard, High plausibility
Applies to: Renal Dysfunction
Renal function affects the clearance of metoclopramide. In patients with varying degrees of renal impairment, a reduction in creatinine clearance was correlated with a reduction in plasma clearance, renal clearance and non-renal clearance, and increase in elimination half-life of metoclopramide. Therapy with metoclopramide should be administered cautiously in patients with impaired renal function. A dosage reduction may be appropriate to avoid drug accumulation.