

Rosiglitazone (Avandia®)

Patient Information Sheet

Basic Information About Rosiglitazone

- Rosiglitazone is a medication used to treat diabetes. Rosiglitazone may be used by itself, or it may be combined with other diabetes pills or with insulin.
- Rosiglitazone (Avandia®) tablets come in 2 mg, 4 mg, and 8 mg sizes. **Your starting dose is listed on the other side of this form.** Rosiglitazone is also combined with metformin in a medicine called Avandamet®.
- Rosiglitazone is taken once or twice daily, and may be taken with food or without food. Rosiglitazone should be taken at approximately the same time each day. If a dose is missed on one day, the dose *should not* be doubled the next day.

What Side Effects Can Rosiglitazone Cause?

- Rosiglitazone causes no side effects in most of the people who take it. Rosiglitazone can cause weight gain in some people, and can cause fluid retention leading to leg swelling. In people with heart failure or predisposed to heart failure (“CHF”), this fluid retention can cause new or worsening heart failure. Symptoms can include shortness of breath, difficulty breathing while lying flat, or waking up at night short of breath. If you have unexplained symptoms while taking rosiglitazone, please report these to your doctor.
- A medication related to rosiglitazone is known to cause severe liver disease in rare instances. *Rosiglitazone has not been shown to cause liver disease.* However, because of the potential concern that rosiglitazone might cause liver disease, blood testing is performed on a periodic basis. In addition, if you have unexplained nausea or vomiting, extreme tiredness, yellow skin or eyes, loss of appetite, or dark-colored urine (like cola) you should stop rosiglitazone and report these symptoms to your doctor immediately.
- Rosiglitazone by itself almost never causes low blood sugar. However, if rosiglitazone is added to other diabetes medications it may increase the risk of having a low blood sugar. You may need to monitor your blood sugar more carefully while starting rosiglitazone. You should tell your doctor if you are having problems with low blood sugars.

Are There Special Precautions for People Who Take Rosiglitazone?

- If you have chronic liver disease you should not take rosiglitazone. If you have heart failure (“CHF”) you should not take rosiglitazone unless specifically instructed to do so by your doctor.
- You should have blood tests to check your liver function before starting rosiglitazone and periodically after starting rosiglitazone therapy.
- Women who have irregular menstrual cycles may begin to have regular menstrual cycles after starting rosiglitazone. If pregnancy is not desired, you should use a contraceptive method to prevent pregnancy, such as abstinence, condoms, or birth control pills. If you become pregnant, you should stop rosiglitazone and notify your doctor.

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What is My Dose of Rosiglitazone?

- ROSIGLITAZONE (AVANDIA®) 2 MG TABLET – TAKE ONE TABLET ONE TIME PER DAY
- ROSIGLITAZONE (AVANDIA®) 2 MG TABLET – TAKE ONE TABLET TWO TIMES PER DAY
- ROSIGLITAZONE (AVANDIA®) 4 MG TABLET – TAKE ONE TABLET ONE TIME PER DAY
- ROSIGLITAZONE (AVANDIA®) 4 MG TABLET – TAKE ONE TABLET TWO TIMES PER DAY
- ROSIGLITAZONE (AVANDIA®) 8 MG TABLET – TAKE ONE TABLET ONE TIME PER DAY
- ROSIGLITAZONE (AVANDIA®) ___ MG TABLET – _____
- AVANDAMET® _____

(FOR AVANDAMET, PLEASE ALSO SEE THE “METFORMIN” HANDOUT, AVAILABLE AT WWW.BOULDERENDO.COM)

Usual starting dose is 4 mg per day (given as 4 mg once daily or 2mg twice daily)
Consider starting 8 mg per day (given as 8 mg once daily or 4 mg twice daily) for
patients with fasting plasma glucose > 200 or A1c > 9%

Will My Dose Change?

- Rosiglitazone takes 4 to 6 weeks to have the greatest effect on your blood sugar.
- The dose of rosiglitazone that you begin with might need to be increased if your blood sugar is still high. Your doctor will discuss any changes with you. **You should not change the dose without talking with your doctor first.**
- **If you are having problems with low blood sugar, please call your doctor.**