

<b>oxandrolone</b>	ANTI-WASTING, Anabolic Steroid	
<b>Oxandrin</b>	To promote wt gain after surgery, trauma, infection.	
Tab- cornstarch, lactose	To ↓ bone pain in osteoporosis. To offset Pro catabolism c corticosteroids. <b>Diet:</b> Requires adequate cal & pro intake for anabolic: effect. Possibly ↓ Na. <b>Nutr:</b> ↑ <u>APPETITE</u> , ↑ <u>WT</u> ↑ <u>LEAN BODY MASS</u> , ↑ <u>PROTEIN SYNTHESIS</u> . <b>Oral/GI:</b> N/V, diarrhea. <b>S/Cond:</b> Not c lactation. 94-97% serum pro bound. <sup>12</sup> Not c severe hepatic dysfunction, hypercalcemia, breast cancer, nephrosis, prostatic cancer or hypertrophy. Caution c CAD or diabetics on insulin/oral hypoglycemics- ↓ glucose. Caution c ↓ renal or ↓ hepatic func. <sup>12</sup> <b>Pregnancy:</b> Category X. <b>Other:</b> <u>Acne</u> , <u>virilism in females/prepubertal males</u> , <u>menstrual or testicular changes</u> , excitation, insomnia, peripheral edema, chills, muscle cramps, depression, jaundice, skin discoloration. <u>Hypercalcemia</u> in females. Rare, but may be fatal, peliosis hepatis, hepatocellular tumor. <b>Blood/Serum:</b> ↑ CPK, ↑ chol, ↑ LDL, ↓ HDL, ↑ crea, ↑ PT, clotting factors, ↑ glucose, ↑ Ca, ↑ P, ↑ K, ↑ Na, ↑ Cl, ↑ bil, ↑ AST, ↑ ALT, ↑ alk phos, ↓ LH, ↓ FSH. <b>Urinary:</b> ↑ crea. Bladder irritability. <b>Monitor:</b> Glucose in diabetics. Lipid panel. Hepatic func. Hb/HCT c high dose. Wt. Ca. Bone growth in children c. LT use.	
<b>oxaprozin</b>	NSAID, ANTIARTHRITIC	See listing for <b>ibuprofen p 166</b>
<b>Daypro</b>	Tab- starch	

[Excerpt from Food-Medication Interactions 14<sup>th</sup> Edition](#)  
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