Heidelberger Hitze-Tabelle

Arzneistoffe mit potenziellem Einfluss auf die Temperaturregulation und den Volumenstatus in Hitzewellen

Stoffklasse	Mögliche Maßnahmen zur Risikominimierung	Erwartete (un)erwünschte Arzneimittelwirkungen									Referenz
		Einfluss auf zentrale Temperaturregulation	Einfluss auf kutane Vasodilatation	Reduziertes Schwitzen	Reduzierter Durst	Verminderte Aufmerksamkeit	Dehydrierung	Hyponatriämie	Verstärkte AM-Wirkung durch rascheres Anfluten	Verstärkte AM-Wirkung durch red. Elimination	
Diuretika	Gewichtsmonitoring, ausreichende Flüssigkeits- und ggf. Elektrolytzufuhr		?	?							22, 33
Laxanzien	Gewichtsmonitoring, ausreichende Flüssigkeits- und ggf. Elektrolytzufuhr			?							2
Histamin-H_1-Antagonisten der ersten Generation (z.B.Clemastin, Cyproheptadin, Dimetinden, Diphenhydramin, Doxylamin, Hydroxycin, Promethazin)	Wechsel auf H_1-Antagonisten höherer Generationen erwägen										
Insulin (rasch freisetzend)	Intensiviertes Blutzuckermonitoring, ggf. Dosisanpassung										24, 39
Neuroleptika (insbesondere Phenothiazine, aber auch Olanzapin und Quetiapin sowie Butyrophenone)	Enges UAW-Monitoring und ggf. Dosisanpassung										7, 23, 27, 29, 31
Andere Antipsychotika (insbesondere Risperidon, Pimozid)	Enges UAW-Monitoring und ggf. Dosisanpassung										31
Opioide als transdermale therapeutische Systeme (Pflaster)	UAW-Monitoring und ggf. Dosisanpassung										1, 7, 21, 34, 44
Pflaster: Organische Nitrate, Testosteron, Nicotin											15, 17, 21
Parasympatholytika (Atropin, Bornaprin, Scopolamin)	Möglichst vermeiden										28, 37
(überwiegend) renal eliminierte Arzneimittel (Q_0-Wert < 0.3)	Dosisanpassung										40

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Sympathomimetika	Möglichst vermeiden										29
Zentral wirkende Sympathomimetika (Methylphenidat)	Enges UAW-Monitoring										43
SSRI, SNRI (insb. auch in Kombination mit Lithium)											31 (35, 36)
Trizyklika (Amitriptylin, Desipramin, Doxepin)	Möglichst vermeiden, Therapiewechsel auf weniger anticholinerge Vertreter erwägen										26, 27, 29, 31
Urologische anticholinerge Spasmolytika (z.B. Oxybutynin, Solifenacin, Tolterodin)	Therapiewechsel auf weniger anticholinerge Vertreter erwägen										3
Anticholinerge Antiparkinsonika (z.B. Trihexiphenidyl)											8, 25
Zentrale α_2-Agonisten (z.B. Clonidin)	Möglichst vermeiden, aber nicht akut absetzen, sondern ausschleichen (cave Entzugssyndrom)										10
Topiramat, Zonisamid											11-14
Carbamazepin											7
Anticholinergika zur Schweißproduktionshemmung (z.B. Methantheliniumbromid)	In Hitzeperioden vermeiden										9
First-Pass-Medikamente (z.B. Propranolol)											38
ACE-Hemmer	Trinkprotokoll führen um adäquate Flüssigkeitszufuhr zu garantieren.										30, 32
β-Blocker											4
NSAID			?								41, 42

ACE: Angiotensin-Converting-Enzyme; AM: Arzneimittel; NSAID: nicht-steroidale antiinflammatorische AM; Q_0-Wert: Extrarenal eliminierte, bioverfügbare Dosisfraktion (siehe z. B. www.dosing.de); SNRI: Serotonin-Noradrenalin-Reuptake-Inhibitor, SSRI: selektiver Serotonin-Reuptake-Inhibitor; UAW: Unerwünschte AM-Wirkung; ? = unklar/umstritten.

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