The antianabolic action of the tetracyclines may cause an increase in photosensitivity manifested by an exaggerated sunburn reaction should be advised that this reaction can occur with tetracycline.

Drug Interactions

Absorption of tetracycline is impaired by antacids containing calcium, iron, magnesium, and aluminum. False elevations of urinary catecholamine levels may occur due to interactions with fluoroquinolones, clindamycin, and macrolides.

Evidence of occupational acne in rats is noted in studies with related tetracyclines (oral and parenteral).

The tetracyclines are primarily excreted in the urine. The half-life of tetracycline is about 5 hours in persons not on renal dialysis, and about 7 to 10 hours in patients with normal renal function.

It is generally recommended that patients receiving the tetracyclines be placed on a low-sodium diet. This will reduce the incidence of diaphoresis (sweating) and allow serum concentrations of tetracycline to reach therapeutic levels sooner. The half-life of tetracycline is about 5 hours in persons not on renal dialysis, and about 7 to 10 hours in patients with normal renal function.

In case of overdosage, discontinue medication, treat with supportive measures, and institute appropriate therapy.

In the management of more severe infections (particularly chronic infections), therapy should be continued for 2 to 4 weeks after the infection has been controlled or symptoms have disappeared to prevent bacterial relapse. Intrasosseous abscesses of the maxillary sinus, popliteal fossa, temporomandibular joint, and long bones may require long-term treatment.

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