USE AND EFFECTIVENESS OF CARBOXYMALTOSE IRON AND ISOMALTOSIDE IRON.

P. NIETO GÓMEZ¹, R. Alvarez Sanchez¹, P. Moreno Raya¹, A. Rodriguez Delgado¹.
¹Hospital Campus de la Salud, Hospital Pharmacy, Granada, Spain.

OBJECTIVE
To describe the use of CMI and IMI and to evaluate its effectiveness and cost in a tertiary level hospital.

MATERIAL AND METHODS
The main variable used to evaluate effectiveness was the percentage of patients with an increase in hemoglobin (HB) compared to baseline HB higher than 1 g/dL between 30-60 days post-administration. The mean increase in HB (g/dL) by cumulative dose in the same period of time was the second variable. A search was made on our system, and sex, dose, posology, prescribing service, treatment with erythropoiesis stimulating factors (ESF) and direct cost per cumulative dose.

RESULTS

<table>
<thead>
<tr>
<th>Average cumulative dose (mg)</th>
<th>CMI</th>
<th>IMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median cumulative dose (mg)</td>
<td>1000</td>
<td>1000</td>
</tr>
<tr>
<td>Sample with n = 31</td>
<td>(13 women, 18 men)</td>
<td>n = 35 (25 women and 10 men)</td>
</tr>
</tbody>
</table>
| Percentage of patients with an increase in HB compared to baseline HB higher than 1 g/dL | 50% CMI, 45.45% IMI | 31.25% CMI patients with ESF had an HB increase >1 g/dl compared to 27.27% with IMI Mean increase of HB compared to baseline HB (g/dl) by cumulative dose: 1.04 ± 2 for CMI, 0.73 ± 1.29(p=0.31) for IMI and among patients receiving ESF was 2.2 ± 1, 03 for CMI compared to 0.94 ± 1.31 (p=0.046) with IMI.

CONCLUSION
The effectiveness in the patients studied was higher with CMI than with IMI because it achieved better results with a lower cumulative dose. It was also observed that the effectiveness is higher in patients receiving ESF.