MANAGEMENT OF MULTIFACTORIAL ANAEMIA WITH DARBEPOETIN WITH INITIAL MONTHLY DOSAGE, OMITTING INDUCTION ACCORDING TO THE TECHNICAL DATA SHEET, IN ELDERLY PATIENTS

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Background and importance

Multifactorial anemia is a common disease in elderly patients, usually treated with darbeopetin in different dosages.

Aim and objectives

To maintaining normal haemoglobin(Hb) values (>12g/dL-women; >13g/dL-men) in multifactorial anaemic patients older than 75 years, using high doses of darbeopetin with initial monthly dosage, eliminating weekly/fortnightly induction, facilitating treatment.

Material and methods

Retrospective, multi-centre, observational study, including patients who started treatment with monthly doses of darbeopetin in the last 3 years (04/2017-04/2020), without previous induction doses. First follow-up visit was made one month after the first dose was administered or just after the second dose, testing that the Hb is maintained above 12g/dL-13g/dL. If results showed higher results, doses were lowered (20-25%); if were lower, dose was increased. The procedure was repeated the following month only in cases of not being in range. In these, after two checks with stability, test became quarterly.

Variables measured: Dosage, initial, monthly, quarterly Hb values.

Results

36 patients initiated darbeopetin monthly during the study (80% women, average age 85 years). Six patients were excluded, one for age, and five for not having sufficient data. Dosage by prescribers was 1.5mcg/kg/month.

- In 70% (21/30) of patients, it was not necessary change initial dose → therapeutic objectives were progressively achieved. This dose was maintained until the successive quarterly controls.

- In 30% (9/30) of patients, 4 were moved up and 5 down to keep in range.

In successive quarterly controls, average value was 12.62g/dL (10.5-15.3mg/dL), achieving the therapeutic goals in all but two patients.

Two patients were transfused due acute processes, that could alter the results.

Conclusion and relevance

Monthly starting dosage in elderly patients appears an effective and safe way to achieve therapeutic goals in multifactorial anaemia. The advantage over weekly/biweekly induction lies in better therapeutic adherence, reducing the number of doses needed in patients who also have many other medications.

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