





EFFECTIVENESS AND SAFETY OF NINTEDANIB AND PIRFENIDONE IN PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS

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Idiopathic Pulmonary Fibrosis (IPF) is a progressive disease with a poor prognosis. Nintedanib and Pirfenidone are the only drugs indicated for this pathology. In pivotal clinical trials these drugs reduced the decline in forced vital capacity (FVC), which is consistent with a slowing of disease progression.

Evaluation of the effectiveness and safety of Nintedanib and Pirfenidone in Idiopathic Pulmonary Fibrosis (IPF) in a second-level hospital.

MATERIALS AND METHODS

A descriptive study was carried out in patients diagnosed with IPF treated with Nintedanib or Pirfenidone for at least eleven months. The following data were recorded: sex, age, dose, duration of

30 PATIENTS • 23 men (76.7%) & 7 women (23.3%) • **16** Nintedanib (53.3%) • **14** Pirfenidone (46.7%) • Mean age **67** years (49-83) Mean treatment duration 2.8 years (0.9-5) 33.3% Death • 5 Nintedanib (50%) • 5 Pirfenidone (50%)

Dose reduction



• 4 Nintedanib (66.7%)

treatment, initial FVC, at 12 and 24 months; and death from any cause. The Electronic Medical Record (Selene®), the outpatient pharmacy software Farmatools® and IBM SPSS Statistics were used. Patient data were collected between 01/01/2015 and 09/01/2021. To evaluate the effectiveness, the decline in FVC was used as the main variable. The dose reduction, time until dose reduction, and treatment discontinuation were used to evaluate safety.

• 2 Pirfenidone (33.3%) 1 of them return to full dose again

Discontinuation



• **4** Nintedanib (100%) Mean time until dose reduction 6 months (1-19)





FVC decreased slightly after one year of antifibrotic treatment and followed the same pace at 2 years. These results were comparable to those obtained in the pivotal clinical trials. The safety of the treatment is acceptable, although a fifth part of the patients had to reduce the dose due to adverse effects, and at least one of ten patients had to abandon the treatment due to intolerance.

Contact Data

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