

IMPACT OF EXTRACORPOREAL MEMBRANE OXYGENATION CIRCUIT ON FENTANYL PHARMACOKINETICS IN CRITICALLY ILL PATIENTS



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Background and importance

Fentanyl's lipophilicity and protein binding may contribute to a sequestration of the drug in the extracorporeal membrane oxygenation (ECMO) circuit, which could impact to pharmacokinetic and response in critically ill patient

Aim and objectives

To assess the impact of ECMO circuit on the plasma concentration (Pk) of fentanyl in critically ill patients



Material and methods

Observational, prospective, multidisciplinary, cohort study



variables

Demographic

Age
Sex
BMI

Therapeutic

Dose and duration
Sedative concomitant drug
CYP3A4 inducer-inhibitor

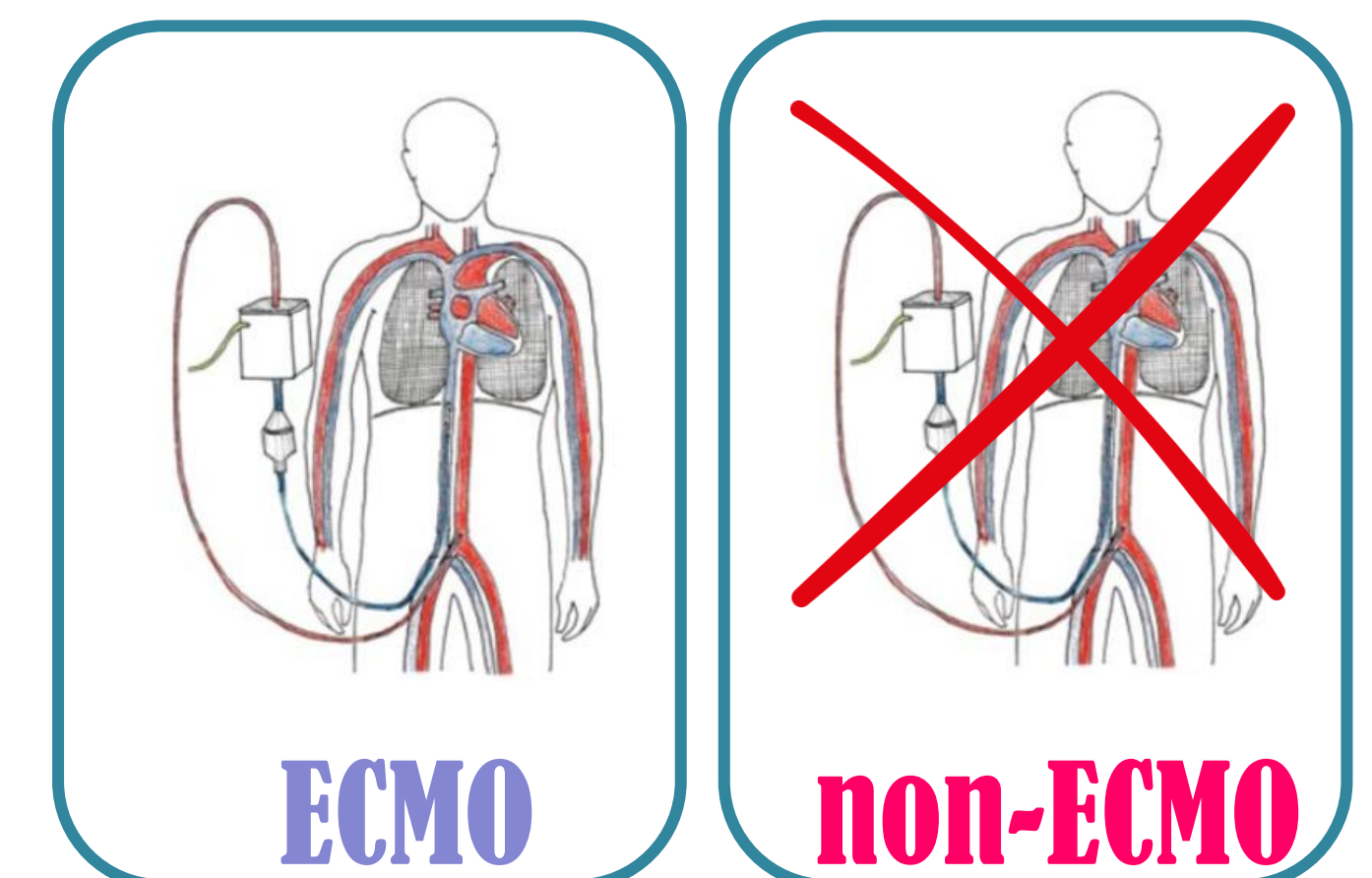
Clinical

Diagnosis and comorbidities
SAPS3 score
CRRT and Mechanical ventilation (MV)
Clinical parameters (at 0, 24, 48h)
- BP, HR, RR
Analytical parameters (at 0, 24, 48h)
- renal, hepatic, INR, protein, albumin

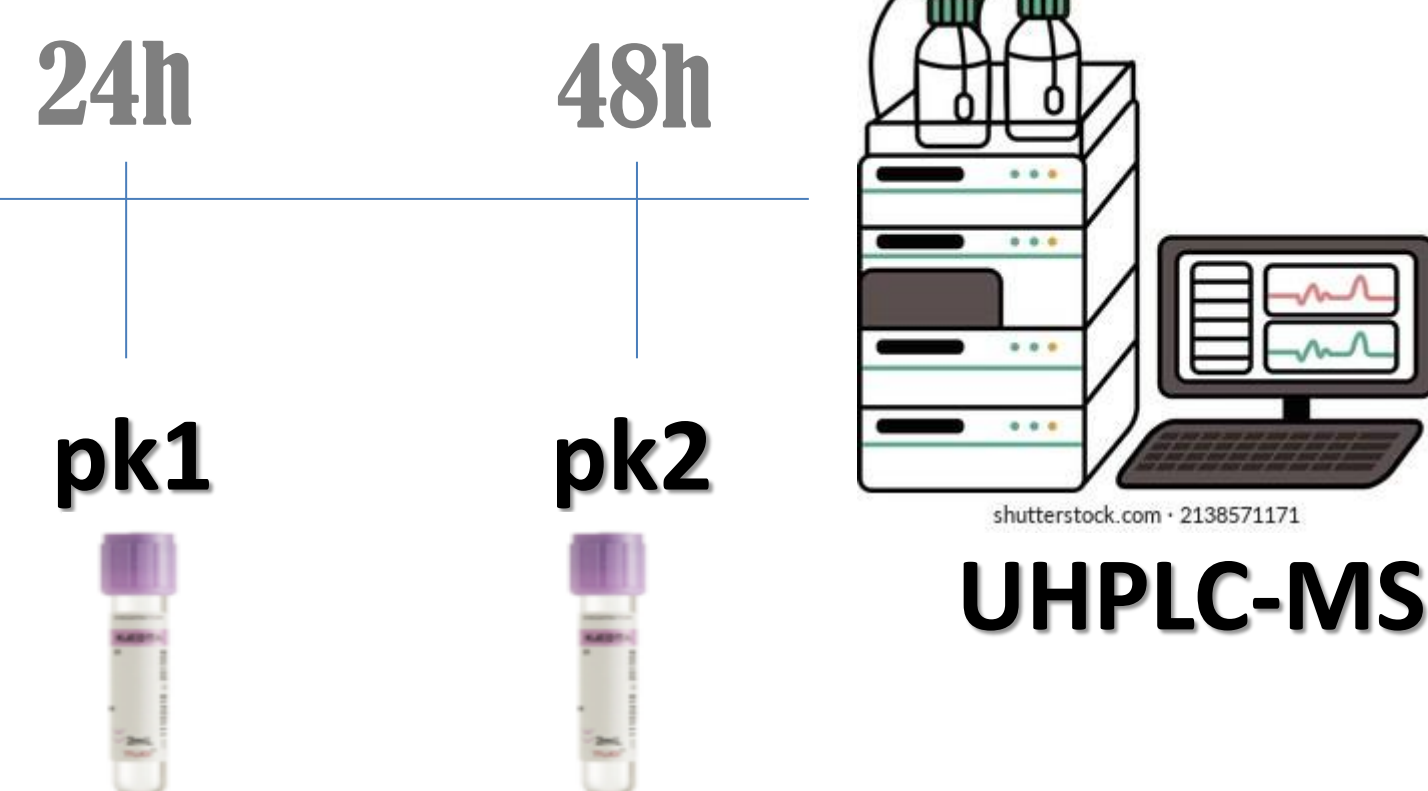
Adverse events

Respiratory depression
Bradycardia
Hypotension
CNS depression
Constipation, ileus

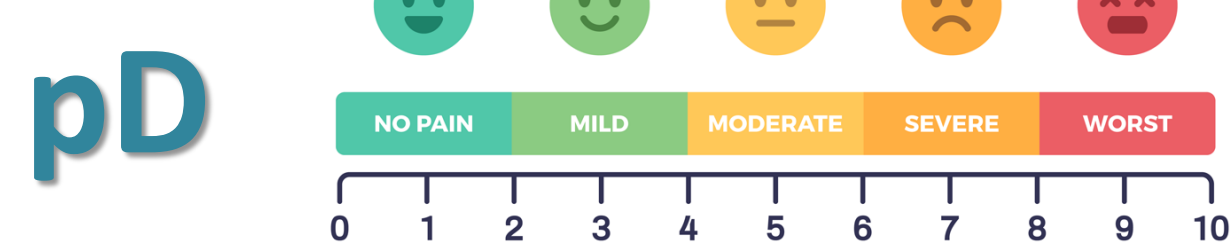
Adult critically ill patients



pK
Fentanyl
900mcg/100mL SSF 0,9%
continuous perfusion > 48h



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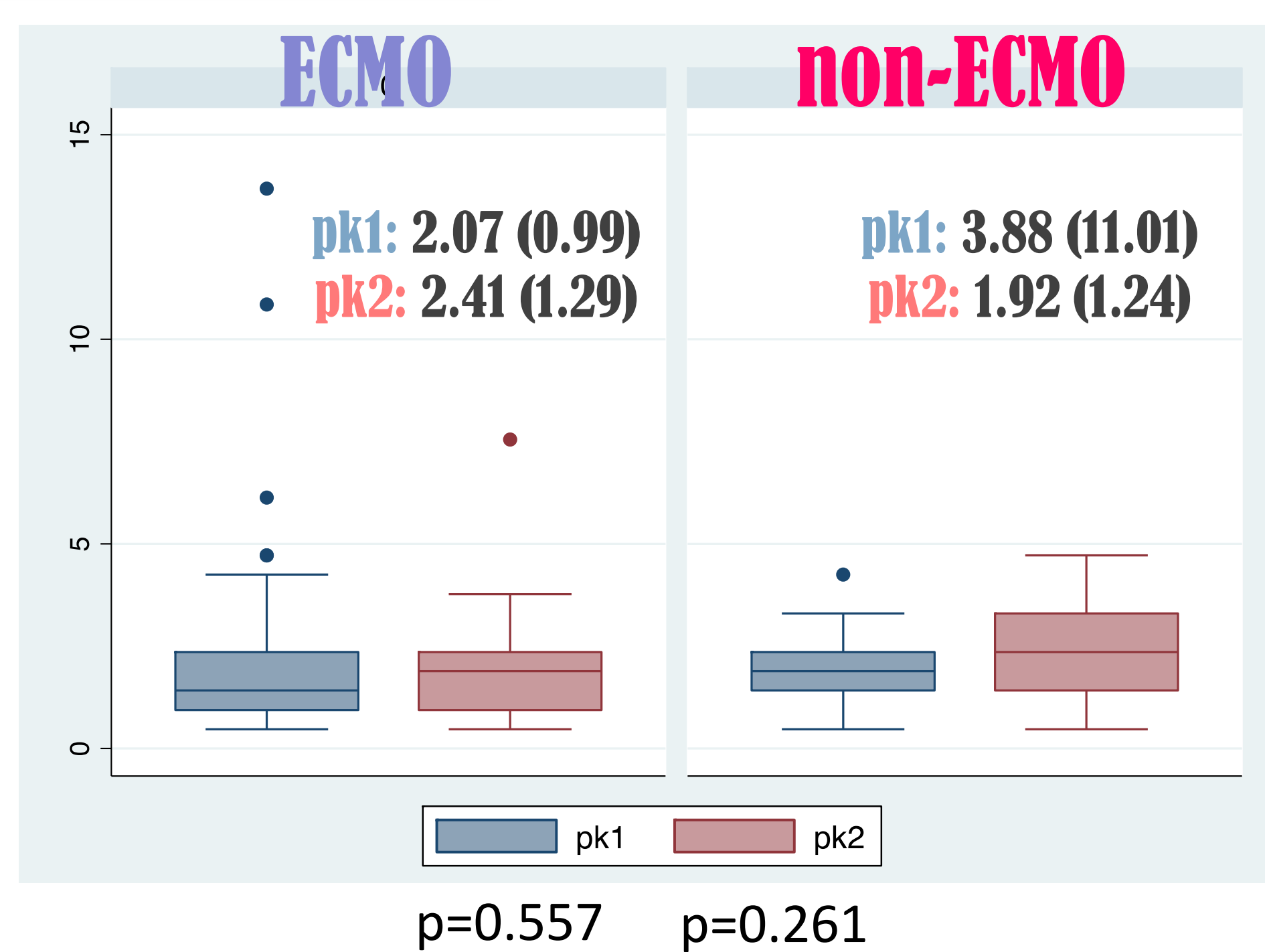
ESCID scale, BIS / RASS score, CAM-ICU score

STATA v.14.2
mean (SD) / median (IQR)
Student's t-test/Mann-Whitney test
absolute (relative) frequency
Pearson's chi-squared /Fisher's exact test
[p<0.05] statistically significant

Results

n= 76 patients

	ECMO n=13	non-ECMO n=63	p
Age	48.68 (13.69)	56.90 (13.16)	0.045
Male	13 (100)	34 (65.01)	0.015
BMI	27.68 (4.65)	27.77 (6.20)	0.961
SAPS3	57.69 (5.01)	58.76 (14.55)	0.795
MV	12 (92.31)	56 (88.89)	0.715
CRRT	1 (7.70)	3 (4.76)	0.667



	24h	48h
mcg/Kg/min	0.64 (0.50) 0.52 (0.25) p=0.212	0.41 (0.16) 0.49 (0.30) p=0.444
ESCID score	0 (0-3) 0 (0-5) p=0.463	0 (0-3) 0 (0-4) p=0.774

No statistically significant differences



Drug interaction
Concomitant treatment
Adverse events

Conclusion and relevance

In our serie the use of ECMO had no significant impact on fentanyl Pk during the first 48h. Using a standard perfusion in patients on extracorporeal support to dose according to the response guided by the ESCID scale is safe to achieve adequate pain control.