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USE AND EFFECTIVENESS OF CARBOXYMALTOSE IRON AND ISOMALTOSIDE IRON.

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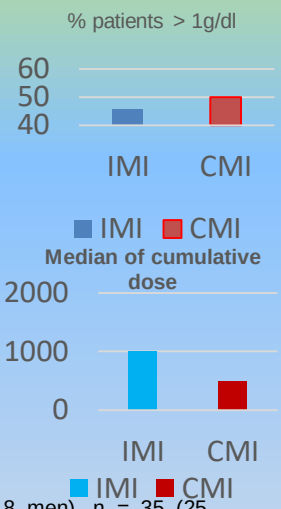
OBJECTIVE

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



DISCUSSION

Sample with n = 31(13 women, 18 men), n = 35 (25 women and 10 men). Median cumulative dose (mg): 500 (500-1000) for CMI , 1000 (1000-1000) for IMI The median cost per cumulative dose (euros): 89 (89-178) CMI, 148 (148-148) IMI The 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