

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 darbepoetin 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 darbepoetin with initial monthly dosage, eliminating weekly/fortnightly induction, facilitating treatment.

Material and methods

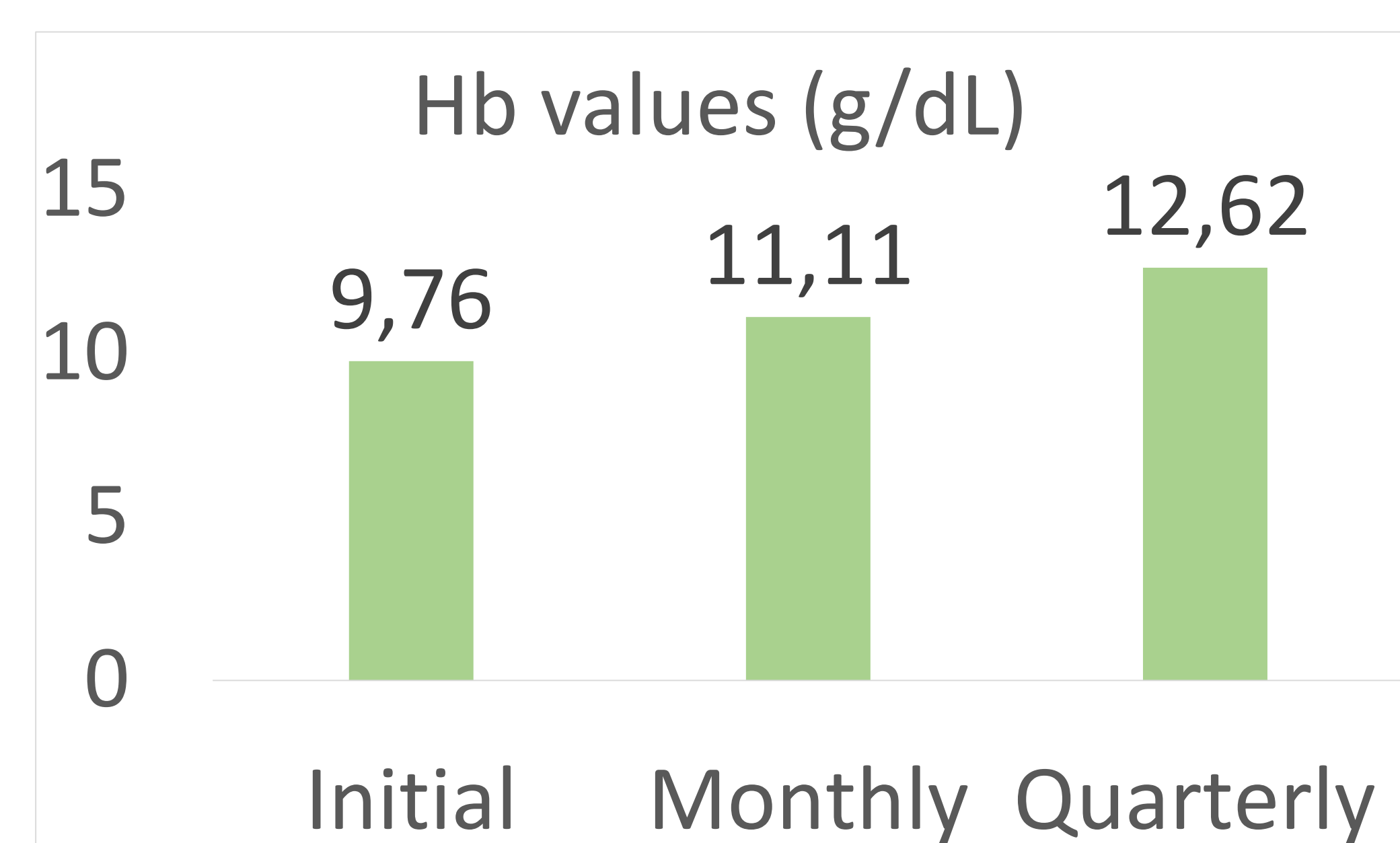
Retrospective, multi-centre, observational study, including patients who started treatment with monthly doses of darbepoetin in the last 3 years (04/2017-04/2020), without previous induction doses. First follow-up visit was made one month after the first dose was administered or just after the second dose, testing that the Hb is maintained above 12g/dL-13g/dL. If tests 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.

Patients with insufficient information, or younger 75 years (different optimal values) were excluded. Data were obtained from hospital's clinical information systems. Patients were informed they would be medicated in a different dosage than usual, providing their consent.

Results

36 patients initiated darbepoetin 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.