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SERVICIO ANDALUZ DE SALUD
Consejería de Salud y Consumo

ANALYSIS OF THE OCCURRENCE OF ATRIAL FIBRILLATION WITH THE ADMINISTRATION OF IBRUTINIB: SHOULD WE BE CAREFUL WITH THIS DRUG?

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Back-ground

Ibrutinib is a Bruton's tyrosine kinase (BTK) inhibitor used for the treatment of chronic lymphocytic leukemia (CLL). Ibrutinib has been associated with an increased incidence of atrial fibrillation (AF) in trials ranging from 5% to 16%[1].

Objectives

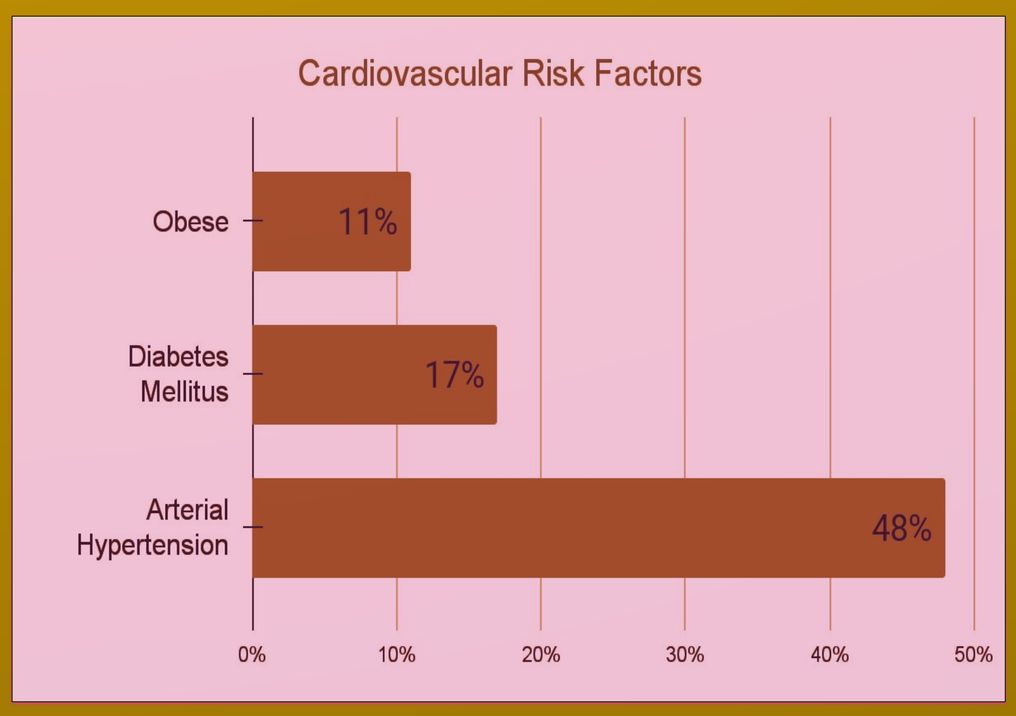
To analyze the appearance of AF and the time of its debut, as well as the possible risk factors in patients being treated with Ibrutinib in a tertiary hospital.

Methods

- Observational, cross-sectional, retrospective, multicenter study.
- Patients with CLL treated with ibrutinib from July/2016 to September/23 for at least 2 months.
- Diraya®, Farmatools® and Prisma® databases were consulted.
- Variables were collected: age, sex, cardiovascular risk factors: arterial hypertension (AHT), diabetes mellitus (DM) and obesity. Duration of treatment with ibrutinib, serum creatinine at the start of treatment, drugs prescribed after ibrutinib, appearance of AF, time to AF and whether hospitalization was required.

Results

- ➔ Forty-six patients with CLL in the last 7 years were included (16 women, 35%); the median age was 63 years [45-88].
- ➔ The mean creatinine value was 0.97 [1.91-0].
- ➔ Anticoagulation was prescribed to 7 patients (15%) and renin angiotensin system blockers to 5 patients (11%). Cardiovascular Risk Factors on Graph 1
- ➔ Thirty-three patients (72%) continue to be treated with ibrutinib.
- ➔ The mean duration of treatment in the 13 patients (28%) who discontinued treatment was 546 days. Of these, 2 patients (4%) developed AF on days 21 and 594. In the first case, hospitalization was required and treatment was suspended. In the second, it was not related to ibrutinib because too much time had elapsed since onset, did not require hospitalization and the drug was not discontinued. Two patients (4%) with previous chronic AF did not develop any new event. 1 patient (2%) with no risk factors developed ventricular extrasystoles. (Diagram 1)



Graph 1: Cardiovascular Risk Factors

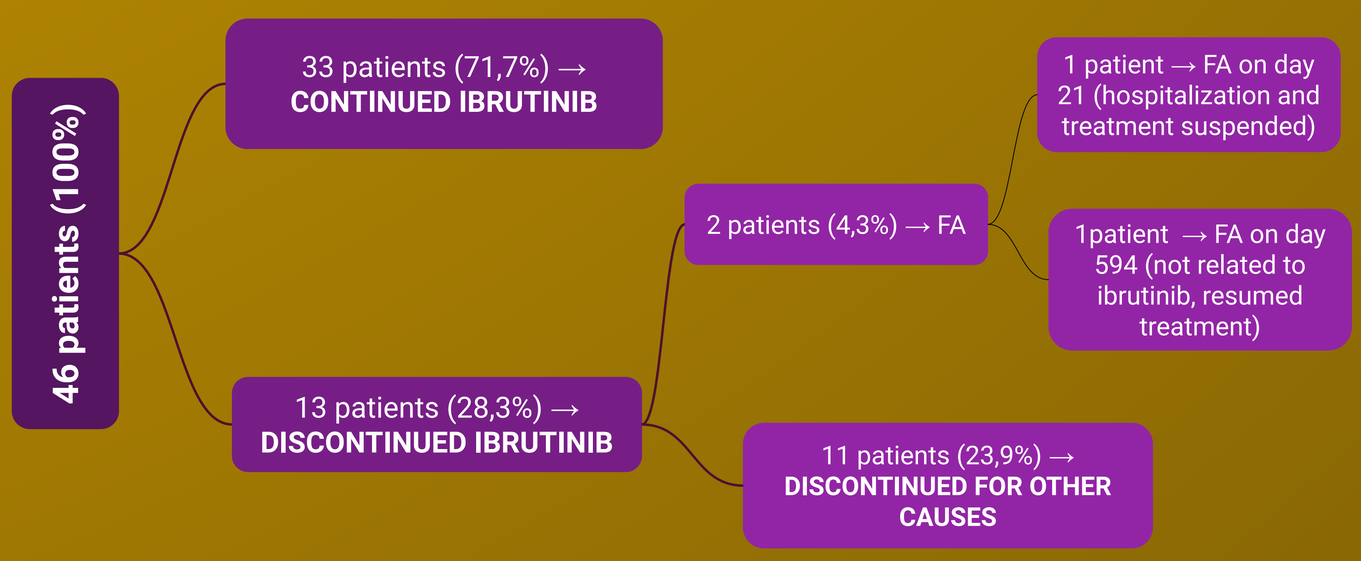


Diagram 1: Follow-up of patients with ibrutinib

Conclusions

According to our cohort, a considerable number of cases appeared after treatment with ibrutinib that can be extrapolated to the results obtained in previous studies[1] without appearing to be related to cardiovascular risk factors prior to treatment. Those responsible for these patients should be aware that this is a serious adverse effect that should be monitored.

References [1]

https://pubmed.ncbi.nlm.nih.gov/31250562/

eahp european association of hospital pharmacists