72 EVALUATION OF THE EFFICACY AND SAFETY OF SINGLE DOSE IRON INFUSION IN CLINICAL PRACTICE

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Introduction Total dose iron (TDI) infusion therapy has been utilised for several years in our hospital but has previously necessitated multiple admissions or an overnight stay. Shorter duration agents have been introduced to try to alleviate this significant cost burden.

Aims/Background Having recently introduced a short duration TDI infusion (Monofer©) as first-line parental iron therapy in our hospital, we undertook an audit to examine its efficacy and safety.

Method We audited the notes of those who had received short duration TDI since its introduction. TDI doses had been calculated by an experienced pharmacist from baseline haemoglobin (Hb), ideal body weight and target Hb according to SPC guidance.

Results Efficacy Data 40 consecutive patients received a TDI between May 2012 and January 2013. Pre-infusion Hb was 9.50 [8.75–10.1] (median [IQR]). For the 25 patients who had an Hb taken at 3–5 weeks post infusion, Hb was 11.6 [10.6–12.1], significantly higher than prior to infusion ($p<0.001$), with an increment of 1.8 [1.35–2.70].

Safety Data Of the 40 patients who received Monofer, 4 had adverse reactions within 5 minutes of commencement which led to discontinuation of the infusion (10%). 3 patients experienced

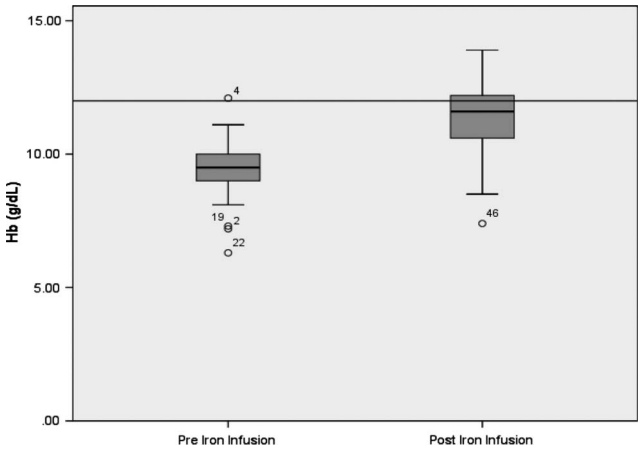

Figure 1

an allergic-type reaction with facial swelling and dyspnoea. 1 patient experienced profuse vomiting and diarrhoea. No delayed reactions were observed.

Conclusion Utilisation of Monofer in our clinical practice has shown a sub-optimal attainment of Hb target. Furthermore, the frequency of adverse reactions was much higher than expected from those reported in the product SPC or previous studies in renal patients. In light of these observations, we no longer use Monofer®.