USE OF EPOETIN ALFA IN MAINTANING HEMOGLOBIN CONTROL THROUGH A SOFTWARE-BASED MANAGEMENT TOOL IN A COMMUNITY NEPHROLOGY SETTING

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KDOQI Guidelines recommend an Hb target for chronic kidney disease (CKD) patients in the general range of 11-12 g/dL, however, the achieved Hb can vary around this target. Achieving and maintaining this narrow target through the use of ESA therapy may result in dose adjustments and/or holds. KDOQI recently recommended the avoidance of dose holding to prevent abrupt and unpredictable declines in Hb. The objective of this analysis was to describe the impact of epoetin alfa (EPO) on mean Hb over time and subsequent dose holds in anemic non-dialysis CKD patients in a community practice setting using TrakAnemia, a software-based tool.

A retrospective, observational chart review from a large U.S. nephrology clinic was conducted in May 2007. Patients were included if they had a documented diagnosis of anemia due to non-dialysis CKD, initiated EPO, and had ≥6 months of follow-up data between March 2004 and April 2007. If a patient received dialysis, data were censored prior to the date of dialysis initiation.

A total of 87 patients were included in the final analysis; 57.5% female, mean age 69.8±11.8 years. Common comorbidities included hypertension (62.1%) and diabetes (40.2%). Mean baseline Hb was 9.9 g/dL. From Month 3 on, mean Hb was maintained between 11-12 g/dL and never exceeded 12.0 g/dL. Over the 12-month period of visits when Hb was assessed, dose holds were required at a frequency of only 5%.

Using TrakAnemia, patients receiving EPO in the community practice setting maintained recommended Hb levels over time. The requirement for dose holds was minimized as recommended in the KDOQI guidelines.