

UTILIZATION OF ERYTHROPOIETIN AND INTRAVENOUS IRON IN HOSPITALIZED ESRD PATIENTS.

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The main objective of this study was to assess the use of intravenous (IV) iron in hospitalized ESRD patients. We postulated that maintaining adequate iron would result in better hemoglobin (Hgb) outcomes and lesser need to increase Epo dose or blood transfusion during hospitalization.

A retrospective chart review was conducted on 82 HD patients admitted to a community teaching hospital. Patients admitted for less than 48 hrs, for access surgery, malignancy, active bleeding or HIV, and those receiving chemotherapy were excluded. In 82 HD patients (mean age of 68 ± 12 years, 54%M/46%F) the mean Epo dose during hospitalization was 135 ± 100 units/kg per HD session with average 14.3 days of hospital stay. This was significantly higher than the mean outpatient dialysis Epo dose (82 ± 48 units/kg/HD). Despite this relatively higher dose there was a mean decrease in Hgb level of 1.15 ± 1.29 g/dl. Among these 82 patients 41 (50%) were iron deficient. 16/41 (39%) patients received iron therapy. However only 6/16 (37%) of patients received IV iron and 10/16 (63%) received oral iron during hospital stay. Before the admission 27/41 (61%) of these patients were receiving IV iron in outpatient dialysis units. The mean epo dose for group repleted with iron was significantly lower than the group not repleted with iron (86.17 ± 66.6 units/kg/HD vs 157.5 ± 65.4 units/kg/HD) ($p=0.028$).

We conclude that hospitalization is associated with increased Epo requirement. Iron-repletion in iron deficient HD patient's results in a decreased need for Epo. Iron repletion through IV iron as per K/DOQI guidelines is being underutilized in our hospital when compared to the outpatient setting.