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# Inappropriate dosing of eptifibatide in renally insufficient, cardiology patients

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## Introduction

The American College of Cardiology and the American Heart Association (ACC/AHA) recommend that antiplatelet therapy be utilized for patients with acute coronary syndrome. The glycoprotein (GP) Ilb/IIIa inhibitor, eptifibatide has renal dosing recommendations in the package inserts, as well as dosing recommendations in a variety of guidelines. We conducted a retrospective analysis to determine the incidence of inappropriate dosing of eptifibatide in cardiology patients with decreased renal function and adverse effects.

# **Methods**

After IRB approval, we performed a historical cohort study which included all adult cardiology patients with serum creatinine of 1.3 mg/dL or more and received eptifibatide between January 1, 2007 and April 1, 2010 (n=59). The electronic medical records were reviewed to collect dating including patient demographics, medication dosage, and data related to bleeding complications. Excessive dosing was defined as dosing > 1 mcg/kg/min in patients whose creatinine clearance was calculated to be < 50 ml/min per Crockcoft-Gault equation.

# **Results**

There was no difference in baseline demographics. The percentage of patients excessively dosed on eptifibatide was 44.1% (26 out of 59 patients).

The baseline demographics were similar (mean +/-SD). The serum creatinine was 1.83 +/- 0.6 mg/dL for excessively dosed patients (ED) and 1.91 +/- 0.55 mg/dL for appropriate dosing (AD). The rate of infusion for the excessively dosed patients was 1.93 +/- 0.3 mcg/kg/min.

Table 1. Patient baseline demographics for N = 59	r N = 59
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	AD (N = 33)	ED (N = 26)
Male	27 (82%)	18 (69%)
Mean Age (years)	73.2 (42 - 90)	68.4 (42 - 88)
Weight (kg +/- SD)	81.4 (+/- 10)	89.9 (18.2)
Past Medical History (N)		
Atrial Fibrillation	16	13
Cancer	6	3
Coronary Artery Disease	2	2
CHF	3	3
Diabetes	15	12
Hyperlipidemia	16	13
Hypertension	24	19
Renal Insufficiency	12	4
Laboratory (+/- SD)		
Hemoglobin	12.5 (+/- 6.3)	12.7 (+/- 2.1)
Hematocrit	36.4 (+/- 18)	37.1 (+/- 5.2)
Platelet	243.7 (+/- 90.7)	268.7 (+/- 101.6)
BUN	37.7 (+/- 0.5)	31.5 (+/- 10.1)
Creatinine (mg/dL)	1.91 (+/- 0.55)	1.83 (+/- 0.6)

Table 2. Primary and Secondary Outcomes

Primary Outcome	AD	ED
Correct dose (N, %)	33 (55.9%)	26 (44.1%)
Secondary Outcomes	AD	ED
Length of stay (hours +/- SD)	92.4 (+/- 17)	74.3 (+/- 52)
Major or Minor Hemorrhagic Complication (per TIMI Criteria)	14	13
Overt Bleeding	4	5
Death	0	2

### **Results**

The patients experienced similar rates of hemorrhagic complications (42.4% AD vs 50% ED). Most common adverse effect was a decrease in hemoglobin of > 2 g/dL. The number of patients experiencing overt bleeding was 4 in AD and 5 in ED patients. Two of the ED patients ultimately died.

#### Conclusion

Patients with renally insufficiency are often excessively dosed with eptifibatide. This dosing did not appear to increase the risk of hemorrhagic complications.

#### References

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