HUMAN PLASMA DERIVED PROTHROMBIN COMPLEX CONCENTRATE (OCTAPLEX®), THE HPFF, EPE – BLOOD DEPARTMENT EXPERIENCE

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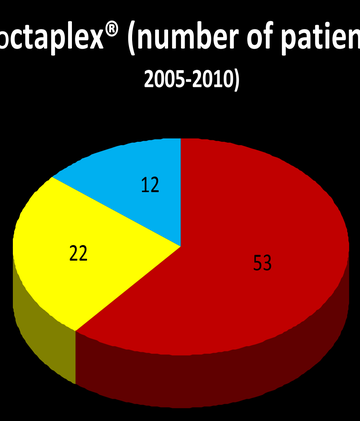
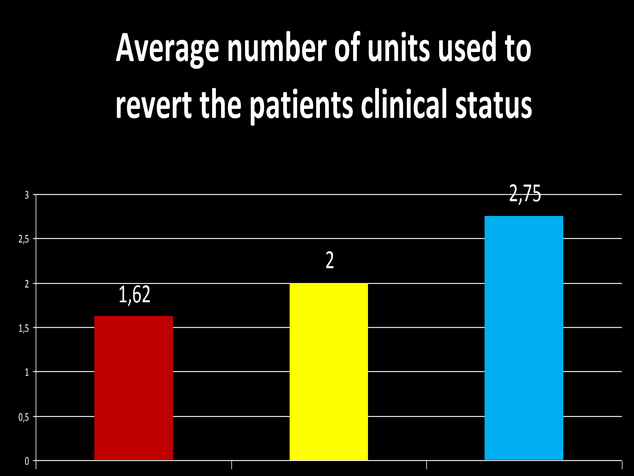
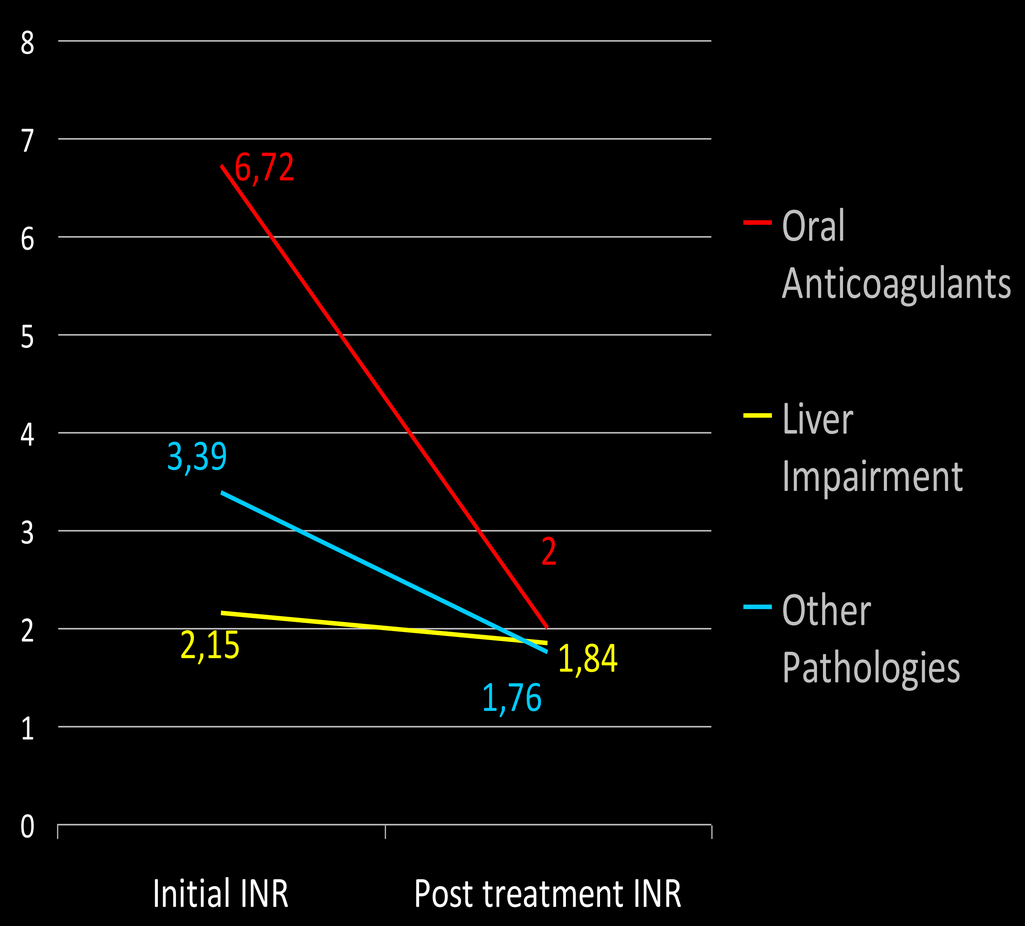
Background: The HPDPCC was introduced in our clinical practice in 2005, and it has some specific clinical recommendations. We use Octaplex® mostly to revert coagulation parameters in patients whose satus require their quick conversion, mainly to reverse oral anticoagulation. We initially started using Octaplex® in lower doses than the recommended by the drug leaflet, trying to find an optimal dose, aiming to avoid side effects.

Aims: Our goals are to share our experience using Octaplex® in clinical practice, demonstrating that we can obtain rapid results with minimal dose, without adverse events.

Methods: We only included in this study patients who have done Octaplex® (1 unit = 20 ml) and have results of measurement of their International Normalized Ratio (INR) before and after the infusion of prothrombin complex concentrate. The INR was determined using the fully automated hemostasis analyser BCS® XP System (Siemens) and the reagent Innovin® (Dade Behring). The period of the study was 2005-2010, and included 87 patients with different diseases. The INR results upper than 10 were counted like 10 because the laboratory doesn't quantify values higher than this.







Results: The patients were 64 men and 23 women, with ages ranged between 18 and 85 years old, average 66.5 years old. 53 were under treatment with oral anticoagulants (OAC), 22 with liver impairment (LI), and 12 with other pathologies (OP). The INR before treatment varied from 10 (maximal value) to 1.4 (minimal value), the average values were 6.72 to the patients under OAC, 2.15 to the patients with LI and 3.39 to the patients with OP. After treatment the average values were 2.0 to the OAC, 1.84 to the LI and 1.76 to the OP. After treatment the maximal value of the INR was 6.9 and the minimal 0.9. The average number of units used to revert the patients clinical status were for OAC 1.62 (in an average of 1.04 number of intakes), for LI 2 units (1 intake) and for OP 2.75 units (1.42 intakes). We didn't find any adverse post-administration events.

Summary/conclusions: We found better results in the administration of Octaplex® in patients doing OAC, where the 1.62 units (in 1.04 intakes) lowered the INR average from 6.72 to 2.0. The other results (in LI and OP) were less expressive but still encouraging towards recommending it. The dose used to resolve our clinical cases were much lower than the recommended in the drug leaflet. We didn't find any adverse events in this dose. The clinical practice feedback suggests a quicker INR conversion comparing to fresh frozen plasma.