CHRONIC OPIOID THERAPY IN ELDERLY PATIENTS WITH IMPAIRED GI-related symptom burden.

Objectives: To assess the effect of conversion from MMF to EC-MPS on QoL in renal transplantation (RTx) recipients who need dose reduction due to GI symptoms.

Methods: Multicenter, open-label, MMF-controlled, 12-weeks trial. RTx patients taking MMF who had previously reported GI adverse events were randomized to EC-MPS (n = 79), equimolar dose for 0–2 wk, dose optimization until maximum tolerated dose or 720 mg bid for 2–6 wk and maintenance dose for 6–12 wk; or continue MMF (n = 64, same dose adjustment). Primary endpoint was Gastrointestinal Quality of Life Index (GIQLI); secondary endpoints were Gastrointestinal Symptom Rating Scale (GSRS), Psychological General Well-Being Index (PGWBI). Overall Treatment Effect (OTE) evaluation of GI symptoms was significantly better for the EC-MPS group (p = 0.003) vs placebo. The number of patients receiving intermediate doses of MPA (EC-MPS/720 mg–MMF/1000 mg) at 12 weeks was significantly higher in EC-MPS group (55.4% vs 27.4%, p = 0.0004). More patients with MMF were receiving low doses than with EC-MPS (35.6% vs 10.3%, p = 0.0343). OTE evaluation of GI symptoms was significantly better for the EC-MPS group (p = 0.0143; patients vs p = 0.0006; physicians). The patients of number receiving intermediate doses of MPA (EC-MPS/720 mg/MMF/1000 mg) at 12 weeks was significantly higher in EC-MPS group (55.4% vs 27.4%, p = 0.003). More patients with MMF were receiving low doses than with EC-MPS (35.6% vs 10.3%, p = 0.0004). In MMF group a higher percentage of patients did not raise the dosage from baseline (23.5% for MMF and 8.9% for EC-MPS group, p = 0.0004). Conclusions: EC-MPS improves gastrointestinal quality of life in renal transplant patients with GI complaints to MMF, as it allows an optimization of MPA dose without increasing GI-related symptom burden.

RESURINARYKIDNEY DISORDERS – Health Care Use & Policy Studies

CHRONIC OPIOID THERAPY IN ELDERLY PATIENTS WITH IMPAIRED RENAL FUNCTION OR WITH A HIGH RISK OF KIDNEY FAILURE IN GERMANY

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Objectives: Elderly patients with impaired renal function or with a risk of kidney failure due to diabetes mellitus (DM) or with hypertension are at risk for accumulation of metabolites from certain opioids as well as for drug-drug interactions (DDI) because of their multimorbidity. The purpose of this analysis is to analyze the share of patients treated with opioids prone to accumulation of metabolites (e.g. morphine) or DDI via CYP450 (e.g. oxycodone, tramadol) in Germany. Methods: This study was performed using retrospective longitudinal aggregated patient data from the IMS Disease Analyzer. All patients 65 years or older with at least one diagnosis of DM (ICD10 E10-E14), hypertension (I10-I15), renal failure (N17-N19), glomerular disease (N08-N09) or renal tubulo-interstitial disease (N10-N16) with at least two prescriptions of extended-release (ER) morphine, hydromorphone, oxycodone or tramadol in 2008 were included. The “P450 Drug Interaction Table” of the Indiana University was used as the source for substances with potential DDI. Results: A total of 6655 patients aged 65 years or more with at least two ER opioids prescriptions in 2008 met the criteria of the high risk group for DDI and metabolite accumulation because of impaired renal function/ risk of kidney failure. A total of 702 (10.7%) patients from this group were treated with morphine, 528 (8.0%) with hydromorphone, 1,603 (24.4%) with oxycodone, 2,732 (45.6%) with tramadol. Fifty-two percent of patients treated with oxycodone and 44% of those treated with tramadol concomitantly received a systemic therapy with a potential risk of DDI. Conclusions: The majority of patients were treated with an opioid prone to accumulation of metabolites or DDI that can cause additional costs. For this group of patients the choice of hydro- morphine can possibly avoid these potential complications.