ECE2015

Hospital Clínico San Carlos
SaludMadrid
Comunidad de Madrid

PROGRESSIVE REDUCTION OF TOLVAPTAN DOSES IN THE TREATMENT OF CHRONIC SIADH

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INTRODUCTION:

Chronic tolvaptan (TV) therapy has been found to be safe and effective in the treatment of chronic SIADH. However, the experience with modification of doses over time is limited.

MATERIAL AND METHODS:

We conducted a retrospective analysis of weekly TV doses (mg) in 41 patients with chronic SIADH treated for a minimum of 3 months, seen a week following discharge and monthly thereafter. Serum sodium (SNa) goal was 137-140mmol/L, with 50% TV dose reduction when SNa≥141 and increase when SNa<137. SNa in mmol/L corrected for glycemia/ total proteins. Kruskal-Wallis, Mann-Whitney U, SPSS15.

RESULTS:

Table 1: Population characteristics (n=41)

Sex	
Female	61% (25/41)
Male	39% (16/41)
Age	76 [67-85] years
Charlson Index	2.49 (2.42)
Nadir SNa	119(SD6.2) mmol/L
Follow-up	18.4 (SD12) months

Table 2: Etiology of SIADH

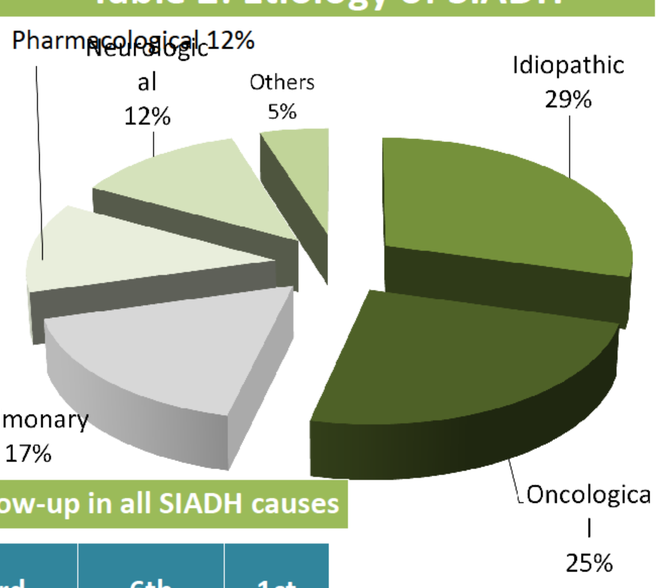


Table 3: Tolvaptan Dose and SNa during follow-up

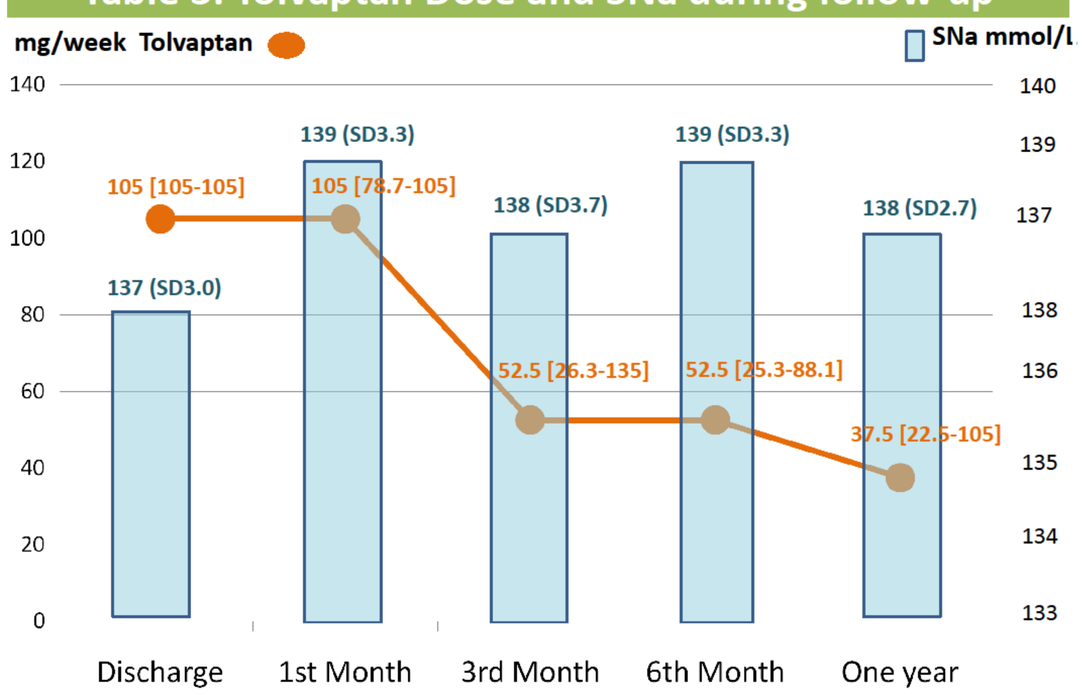
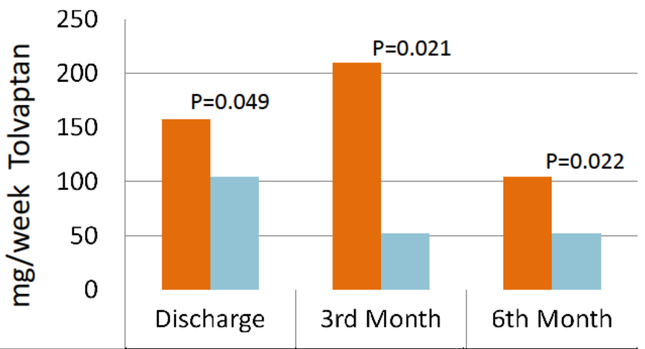


Table 4: Tiritation dose of Tolvaptan (mg/week) during follow-up in all SIADH causes

	Total patients	Discharge	1st Month	3rd Month	6th Month	1st Year
Idiopathic	12 (29%)	105 [105-105]	105 [105-138.8]	52.5 [52.5-97.5]	52.5 [28.1-69.4]	45 [20.6-131.3]
Oncological	**10 (25%)**	**157.5 [105-210]**	**105 [105-210]**	**210 [52.5-236.3]**	**105 [52.5 - 420]**	**37.5 [37.5-37.5]**
Pulmonary	7 (17%)	105 [105-105]	105 [52.5-105]	105 [52.5-105]	52.5 [26.3-82.5]	52.5 [35.6-170.6]
Pharmacological	**5 (12%)**	**105 [78.8-105]**	**105 [52.5-105]**	**26.3[18.8-65.6]**	**22.5 [7.5-37.5]**	**22.5 [11.3-28.1]**
Neurological	5 (12%)	105 [52.5-210	105 [39.4-262.5]	52.5 [22.5-262.5]	30 [11.3-262.5	78.8 [52.5-78.8]
Others	2 (5%)	157.5 (SD52.5)	78.8 (SD26.3)	37.5(SD15)	39.4(SD13.2)	

Table 5: Tiritation dose of Tolvaptan during follow-up in Oncological vs other SIADH etiologies



	Discharge	3rd Month	6th Month
Oncological SIADH	157.5 [105-210]	210 [52.5-236.2]	105 [52.5-420]
other SIADH etiologies	105 [105-105]	52.5[26.3-105]	52.5 [22.5-75]

Table 6: Tiritation dose of Tolvaptan during follow-up in Pharmacological vs other SIADH etiologies

	3rd Month	6th Month	1st Year
Pharmacological SIADH	16.25 [18.8-65.6]	22.5 [7.5-37.5]	22.5 [11.3-28.1]
other SIADH etiologies	52.5 [52.5-198.8]	52.5[28.1-105]	52.5 [30-105]

Side effects: 1/41 patients presented persistent thirst. None presented elevation of liver enzymes.

CONCLUSIONES

Chronic tolvaptan therapy is safe and can maintain strict eunatremia in patients with chronic SIADH. Progressively lower doses are needed, thus contributing to economic sustainability of therapy. The minimum dose is usually attained after 6 months of therapy. Oncological patients require higher doses, and pharmacological patients lower ones.

17 ECE
673--EP
Pituitary basic and neuroendocrinology
Teresa Ruiz Gracia
DOI: 10.3252/pso.eu.17ece.2015
Poster presented at: ECE2015 16-20 May 2015 DUBLIN, IRELAND 17th EUROPEAN CONGRESS OF ENDOCRINOLOGY
PosterSessionOnline.com