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Weekly Assessment of the therapeutic efficacy of different doses of Eprex on RBCs indices and managing of anemia in chronic kidney disease adult patients

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Treatment with lower dose of DA ($0.64 \pm 0.07 \mu\text{g}/\text{kg QW}$) induced a significant increase in hemoglobin (HB) from week 4 through week 8, while red blood corpuscles (RBCs) and hematocrit (Hct) were significantly elevated in week 8. A significant increase in HB and Hct were observed starting from week 2 through week 8 parallel with a significant rise in RBCs count, starting from week 3 through week 8 after treatment with DA ($0.8 \pm 0.06 \mu\text{g}/\text{kg QW}$), while a significant increment of HB and Hct were noticed after treatment with DA ($1.215 \pm 0.11 \mu\text{g}/\text{kg QW}$) from week 3 to week 7. Administration of higher dose DA ($1.37 \pm 0.22 \mu\text{g}/\text{kg QW}$) led

to a significant rise of RBCs in week 3, 6 and 7 while HB and Hct in week 6 and 7. Treatment with equal doses of Eprex ($170.85 \pm 16.4 \text{ IU}/\text{kg}$ and $238 \pm 25.9 \text{ IU}/\text{kg}$) induced only a mild increase in RBCs in week 7 and 6 respectively, while higher dose of Eprex ($413 \pm 40.8 \text{ IU}/\text{kg}$) elevated RBCs significantly at week 8 and Hct in week 6 and 8. Administration of DA QW is more effective than Eprex QTIW in terms of target anemia parameters: RBCs, HB and Hct during the first 8 weeks of administration.

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