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P367 -THE ACUTE USE OF VELTASSA (PATIROMER) IN A TERTIARY RENAL UNIT

Dr John Falconer[1], Dr Amin Oomatia[1], Dr Max Wills[1], Mr Chi Tse[1], Ms. Niamh Kelly[1], Dr Kieran McCafferty[1]
[1]*Department of Nephrology, Royal London Hospital, London, United Kingdom*

Introduction and aims:
Veltassa is a novel potassium binder that has recently been licensed for use in patients to treat hyperkalaemia. Its use as an acute treatment for hyperkalaemia or in dialysis patients as a bridging measure is unreported. Veltassa has recently been added to our unit's formulary for acute use at 8.4g once daily. Here we share our experience of the drug and its use at our unit in treating hyperkalaemia and as a bridging method for patients on renal replacement therapy whilst access is being (re-)established.

Methods:
Each use of Veltassa is registered in our unit with patient demographics for audit and clinical governance purposes. A list of all patients given the drug over four months was collated and retrospective reviews of patient notes were then performed. Demographic, medical and biochemical data was recorded, as was episodic information along with the indication for the use of the drug.

Results:
120 patient episodes were identified, of which 15 were excluded due to insufficient available data. Baseline demographics of the cohort of 105 patients: The mean age of the cohort was 57 years, with 55% being male. The prevalence of diabetes was 47%, hypertension 57%. 49% of patients were undergoing haemodialysis, 8% peritoneal dialysis and 18% had a renal transplant, 12% were pre dialysis and 13% had AKI. In total 181 doses of Veltassa were administered (it was used for one day in 68 patients, 2 days in 18 patients, 3 days in 10 patients, 4 days in 4 and in 5 patients it was used for 5 days. Of the 105 patient episodes, there were no reports of adverse events to Veltassa other than one discontinuation due to nausea

The outcomes of Veltassa use are given in the table 1.

Of the 44 patients in total that needed either repair or re-establishment of definitive dialysis access, 11 (25%) were sent home and subsequently brought back to ambulatory services to have their procedure done the next day, thus avoiding hospital admission.

Conclusion:
Our experience suggests that Veltassa is a well-tolerated agent and has allowed for safe management of both dialysis and non-dialysis patients. It is important to stress that given that our experience was a retrospective review of real world use, it is not possible to say that the achieved out comes were due specifically to Veltassa use as a potassium binder. In many instances other potassium lowering treatments were also given (such as insulin dextrose etc) whilst in other cases it may have been that the desired outcome would still have been achieved without Veltassa. However, our experience suggests that Veltassa has a role for acute use in renal patients, to safely delay/ reduce the number of temporary dialysis line insertions and unscheduled dialysis sessions in a large tertiary renal unit.