Daily Dialysis Linked to Increased Mortality

Patients receiving daily in-center dialysis have a higher risk of death than those receiving conventional three-times-weekly dialysis, according to a report in *Kidney International*.

Using an international registry, the researchers identified 156 patients in France, the United States, and Canada who received daily dialysis (more than five times weekly) between 2001 and 2010. Propensity score techniques were used to match 318 patients receiving daily hemodialysis with 575 patients receiving conventional hemodialysis (three times weekly) during the same period. Mortality on the two dialysis schedules was compared by Cox proportional hazards models. The daily hemodialysis group received dialysis nearly twice as often as the conventional group: mean 5.8 sessions per week.

The mean weekly dialysis times were 15.7 hours versus 11.9 hours, respectively.

There were 170 deaths over 1382 patient-years of follow-up. The mortality was substantially higher for patients receiving daily hemodialysis: 15.6 versus 10.9 deaths per 100 patient-years, hazard ratio 1.6. The results were similar in matched and unmatched adjusted analyses and in specified subgroup analyses. There was also evidence that daily hemodialysis was poorly tolerated—30 percent of patients switched to conventional hemodialysis after a median of 10 months.

Recent reports have suggested improvement in health-related quality of life and other outcomes for patients undergoing daily hemodialysis. This cohort study, however,
Myfortic® (mycophenolic acid) delayed-release tablets “as mycophenolate sodium

Patients with NPHT Delivery

Delivery is contraindicated in patients with known allergy to sulfonamides or sulfonamide-based compounds. Patients with a history of severe sulfonamide allergy (anaphylactic shock or urticaria) should be considered at increased risk for a similar reaction. Patients with a history of lower gastrointestinal tract reactions (eg, gastritis, enteritis, or malabsorption) may also be at increased risk of a similar reaction. If delivery is required, other antenatal diagnostic and management strategies should be considered. 

Immunosuppression

During treatment with Myfortic, the use of all anticonvulsants should be avoided and patients should be advised that this medication may cause myelosuppression. Myfortic is contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh class B or C). Myfortic is not recommended for use in patients with severe renal impairment (creatinine clearance ≤15 mL/min). 

Drug Interactions

There are no drug interaction studies conducted with Myfortic in clinical trials. 

CNVOP: cyclosporine and corticosteroids.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Mycophenolate mofetil is not genotoxic in the bacterial mutation assay (Salmonella typhimurium TA 1535, 97a, 98, 100, & 102) or the chromosomal aberration assay in human lymphocytes. Mycophenolate mofetil generated no toxicologically relevant increase in tumor incidence in strains of mice and rats. Mycophenolic acid (MPA) was inactive at the highest dose used in the rabbit uterus model (0.3 mg/kg/day). Mycophenolic acid was not cytotoxic in the liver, lung, or kidney of the rabbit. Mycophenolic acid was not mutagenic in the mouse testicular interstitial cell assay. 

Non-Clinical Laboratory Findings

Myfortic® (mycophenolic acid) delayed-release tablets are indicated for the prophylaxis of organ rejection in patients receiving allogeneic renal transplants, administered in combination with calcineurin inhibitors (e.g., cyclosporine) and corticosteroids.

Embrofetal Toxicity, Malignancies and Serious Infections

The following drug interaction studies have been conducted with Myfortic:

Cyclosporine: Administration of cyclosporine and corticosteroids is contraindicated in patients with moderate or severe hepatic impairment (Child-Pugh class B or C). Myfortic is not recommended for use in patients with severe renal impairment (creatinine clearance ≤15 mL/min). 

Drug Interactions

Drug Interactions

There are no relevant qualitative or quantitative differences in the toxicologic potential of mycophenolic acid and mycophenolate mofetil. 

In a toxicology study with Myfortic in rats, no symptoms of toxicity were observed. The no-observed-adverse-effect level (NOAEL) was 720 mg/kg/day. 

The clinical significance of the above differences is unknown. 

For patients with advanced kidney failure, conservative kidney management (CKM) is associated with shorter survival compared with dialysis, with no decrease in quality of life, reports a study in the Clinical Journal of the American Society of Nephrology. The prospective study included 170 elderly patients with advanced, progressive chronic kidney disease: late stage 4 or stage 5. After standard assessments and discussions with patients and family members, 80 patients began to undergo (or were planned for) hemodialysis and 44 received peritoneal dialysis. Thirty patients opted for CKM, which consisted of ongoing medical treatment and multidisciplinary support. The remaining 16 patients re- mained unclassified. 

Patients underwent assessments of quality of life, anxiety and depression, and satisfaction with life for as long as 3 years. Quality of life and survival were compared among groups. 

Patients selecting CKM were older, had more need dependency, and had more comorbidity. Patients in the CKM group

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