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# DOSE OPTIMIZATION OF IRON CHELATION THERAPY

# Appropriate Therapy is the Only Therapy

- ⦿ Doses are not the same for every patient
- ⦿ Giving inadequate doses only leads to
  - Patients, physicians believing the medication doesn't work
  - Money being WASTED
  - Psychological satisfaction only delays the inevitable (wrong or right ???)

# Iron Chelation Drugs

- ① Desferrioxamine
- ① Deferiprone
- ① Deferasirox

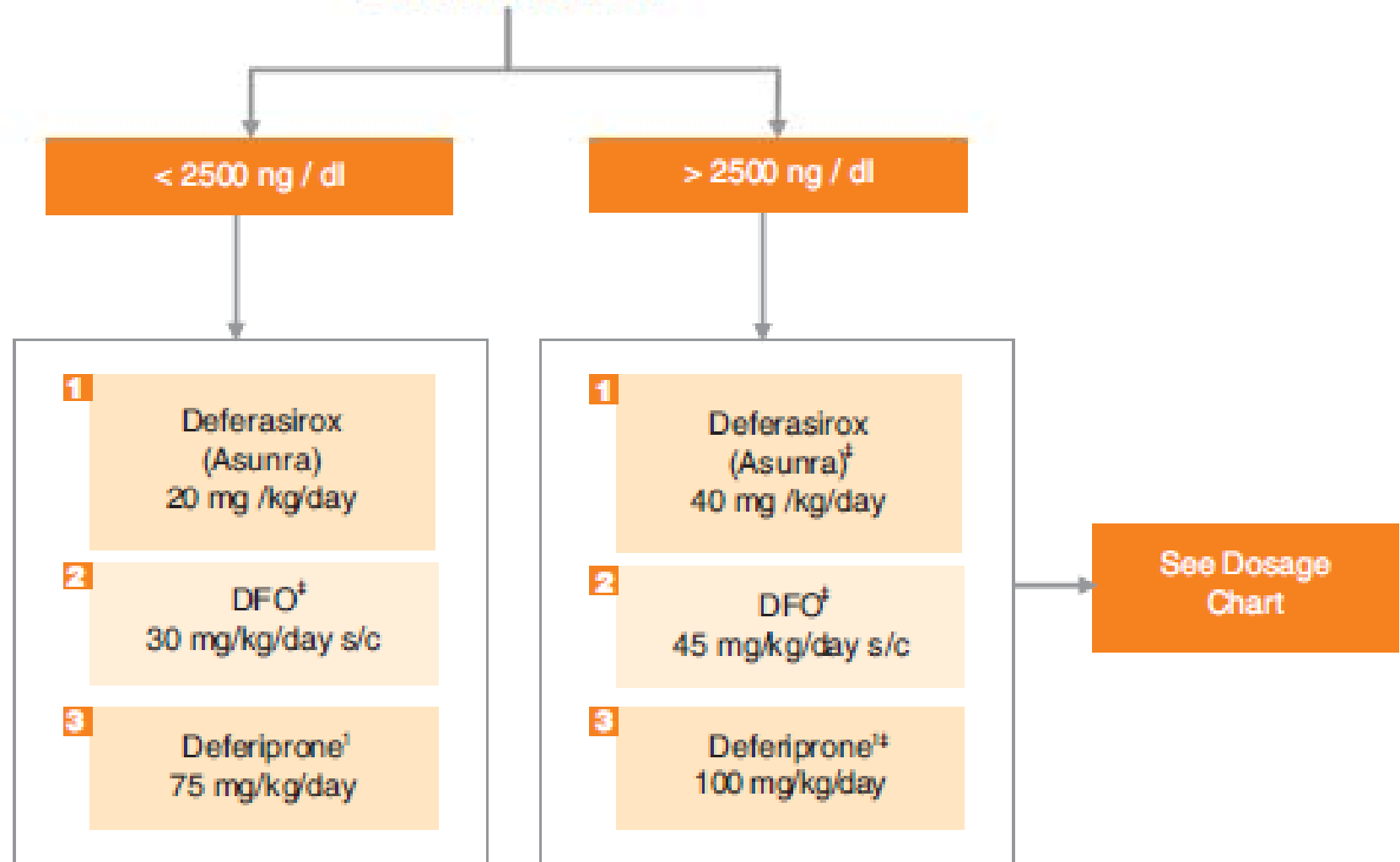
# Reasons to change the dose

- ⦿ Adverse effects
- ⦿ Increasing or decreasing ferritin
- ⦿ Escalating to the optimal dose

# Key points when deciding to alter dose of Medication

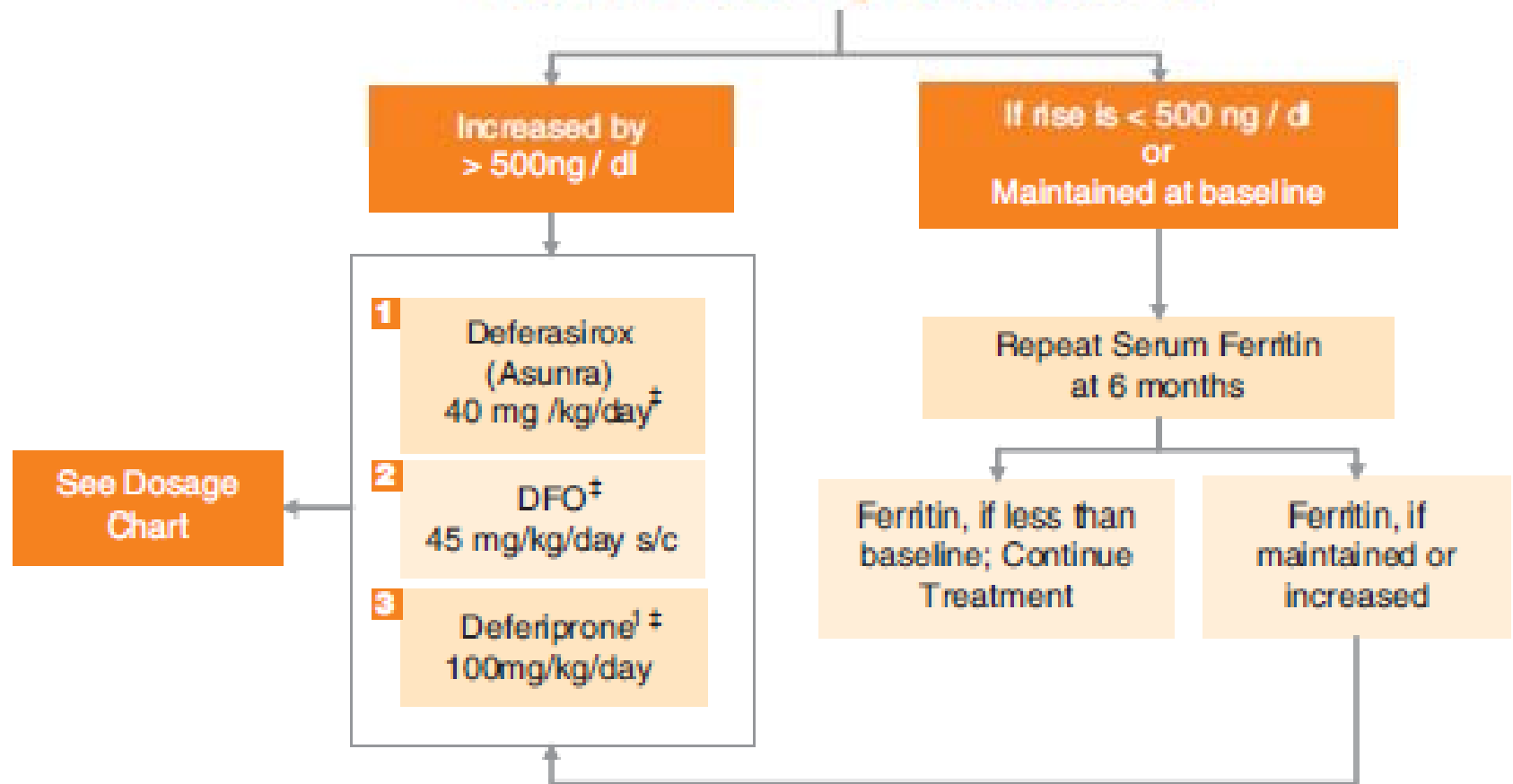
- ⦿ Compliance
- ⦿ Accurate lab investigations
- ⦿ Good follow-up

## Baseline Serum Ferritin\*

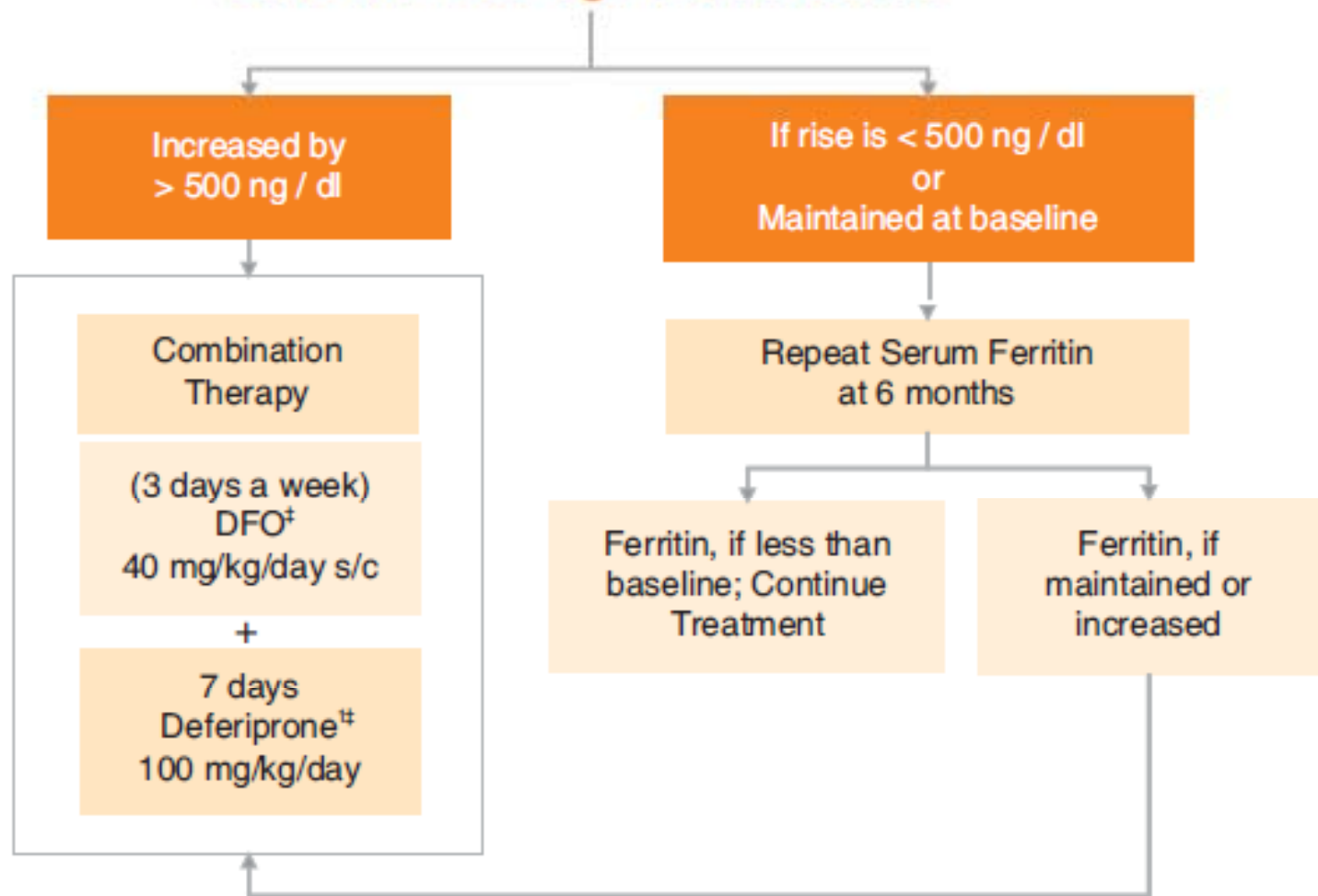


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**At 6 Months follow-up Serum Ferritin\*  
For Pts <2500 ng / dl at baseline**



**At 6 Months follow-up Serum Ferritin\***  
**For Pts >2500 ng / dl at baseline**



## Escalation Chart

### Deferasirox (Asunra) (in mg /kg /day)

20 (start)	25	30	35	40
For 2 weeks	For 2 weeks	For 2 weeks	For 2 weeks	Continue

### Desferal / DFO (in mg / kg / day s/c)

30 (start)	35	40	45
For 2 weeks	For 2 weeks	For 2 weeks	Continue

### Deferiprone (in mg / kg / day)

75 (start)	100
For 2 weeks	Continue

# Key Starting Points

- ① Deferasirox
  - Always start at 20mg/kg/day and escalate
- ① Desferal / DFO
  - Always start at 30mg/kg/day and escalate
- ① Deferiprone
  - Always start at 75mg/kg/day and escalate

# Summary

- When considering iron chelation therapy for any patient give appropriate therapy
- Adjust dosaging in order to optimize therapy
- Close follow – up, consistent and reliable tests must be ensured for optimal results
- Tailor medications according to individual case scenarios