

How nephrotoxic is the therapy with Entecavir and Adefovir for patients with HVB chronic hepatitis?

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Introduction

HBV chronic hepatitis has a high worldwide prevalence (estimated at 350 million carriers). One of the complications of the disease is represented by secondary renal impairment. In addition, these patients receive antiviral drugs with potential nephrotoxicity. Drug therapy with nucleosidic/nucleotidic analogues needs to be adjusted to the GFR. Adefovir is a known nephrotoxic drug and it is contraindicated in patients with a GFR < 10 ml/min/1.73 m² and in hemodialysed patients. The aim of our study was to assess the nephrotoxicity of Entecavir and Adefovir in patients with chronic hepatitis B by measuring serum creatinine, N-acetyl-β-D-glucosaminidase (NAG), as well as the eGFR before and at 6 months of therapy

Drug	CrCl > 50 (ml/min)	30 < CrCl < 50 (ml/min)	10 < CrCl < 30 (ml/min)	CrCl < 10 (ml/min)
Adefovir	10 mg p.o. q.d.	10 mg p.o. every 48h	10 mg p.o. every 72h	No dosing recommended
Entecavir	0.5 mg p.o. q.d.	0.25 mg p.o. q.d.	0.15 mg p.o. q.d.	0.05 mg p.o. q.d.

Methods

21 patients (5 female, 16 male, mean age of 41.18±11.188) with chronic hepatitis B were enrolled in the study. 13 patients received 0.5 mg of Entecavir; 3 patients had previously been treated and gained resistance to Lamivudine and received 1 mg of Entecavir in the course of our study and 5 patients received 10 mg of Adefovir, all of these previously treated with Pegylated Interferon. NAG (colorimetric method), urinary creatinine and serum creatinine were measured before and at 6 months of therapy. Statistical analysis (Wilcoxon signed-rank test, independent samples t-test) was performed using SPSS version 21



Results

After 6 months of therapy 18 out of the total 21 patients presented with an increase in serum creatinine (Z= -2.816, p=0.005) and the NAG/urinary creatinine ratio did not suffer a statistically significant change (Z= -0.643, p= 0.520); 17 patients presented with a decrease in the eGFR (Z= -2.798, p= 0.005) and no significant difference was found between the group treated with Entecavir and the group treated with Adefovir concerning the variables in question

Wilcoxon Signed Ranks Test		
	Ranks	N
Creatinine2 - Creatinine1	Negative Ranks	3 ^{ah}
	Positive Ranks	18 ^{ai}
	Ties	0 ^{aj}
	Total	21
NAG/UC2 - NAG/UC1	Negative Ranks	10 ^{aw}
	Positive Ranks	11 ^{ax}
	Ties	0 ^{ay}
	Total	21
GFR2 - GFR1	Negative Ranks	17 ^{az}
	Positive Ranks	4 ^{ba}
	Ties	0 ^{bb}
	Total	21

ah. Creatinine2 < Creatinine1
 ai. Creatinine2 > Creatinine1
 aj. Creatinine2 = Creatinine1
 aw. NAG/UC2 < NAG/UC1
 ax. NAG/UC2 > NAG/UC1
 ay. NAG/UC2 = NAG/UC1
 az. GFR2 < GFR1
 ba. GFR2 > GFR1
 bb. GFR2 = GFR1

Wilcoxon Signed Ranks Test Statistics			
	Creatinine2 - Creatinine1	NAG/UC2 - NAG/UC1	GFR2 - GFR1
Z	-2.816 ^b	-0.643 ^b	-2.798 ^c
Asymp. Sig. (2-tailed)	.005	.520	.005

a. Wilcoxon Signed Ranks Test
 b. Based on negative ranks.
 c. The sum of negative ranks equals the sum of positive ranks.
 d. Based on positive ranks.

T-test Group Statistics					
Antiviral Therapy		N	Mean	Std. Deviation	Std. Error Mean
Δ Creatinine	Entecavir	16	.0306	.18746	.04686
	Adefovir	5	.1440	.10164	.04545
Δ NAG/UC	Entecavir	16	.0850	1.49413	.37353
	Adefovir	5	.6980	1.73386	.77541
Δ GFR	Entecavir	16	-9.8711	29.94595	7.48649
	Adefovir	5	-27.6284	15.78522	7.05937

t-test for Equality of Means							
		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference
Δ Creatinine	Equal variances assumed	-1.279	19	.216	-.11338	.08862	-.29885 .07210
	Not assumed						
Δ NAG/UC	Equal variances assumed	-.773	19	.449	-.61300	.79295	-2.27267 1.04667
	Not assumed						
Δ GFR	Equal variances assumed	1.257	19	.224	17.75728	14.12841	-11.81382 47.32837
	Not assumed						

Conclusions

Drug therapy with Entecavir and Adefovir lead to a slight decrease in renal function (increase in serum creatinine, decrease in the eGFR), but did not present with an increase in the tested tubular lesion biomarkers. The decrease in renal function was not accompanied by a change in the CKD stage according to the KDIGO classification

References

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