SERUM VANCOMYCIN LEVELS IN HEMODIALYSIS: PRELIMINARY RESULTS

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OBJECTIVES

Vancomycin is a critical antibiotic for the treatment of Gram-positive organism infections. In hemodialysis (HD) vancomycin dosing is poorly defined (1). In the past, HD patients were treated with vancomycin infusion of 1 g weekly at the end of dialysis session. However, current guidelines recommend more intensive dosing regimens in order to obtain serum vancomycin (sV) trough levels of 15-20mg/L and improve clinical outcome (2). An initial investigation of sV was conducted in HD.

METHODS

We prospectively studied 16 HD patients with evidence of vascular access infection [M/F=11/5, 70(42-81) years old, on HD treatment thrice weekly for 16(3-96) months].

Patients received vancomycin infusion during the last hour of dialysis session, for 7 consecutive HD sessions (sessions 0-6), at a load dose of 1g (session 0) and maintenance dose of 500mg (sessions 1-6).

Pre-dialysis sV1, sV4 and sV7 were measured before HD sessions 1, 4 and 7 respectively and were evaluated in association with vancomycin doses, patient demographics and medical history and with dialysis session details.

RESULTS

Figure 1. Vancomycin doses administered and trough sV before HD sessions 1, 4, 7

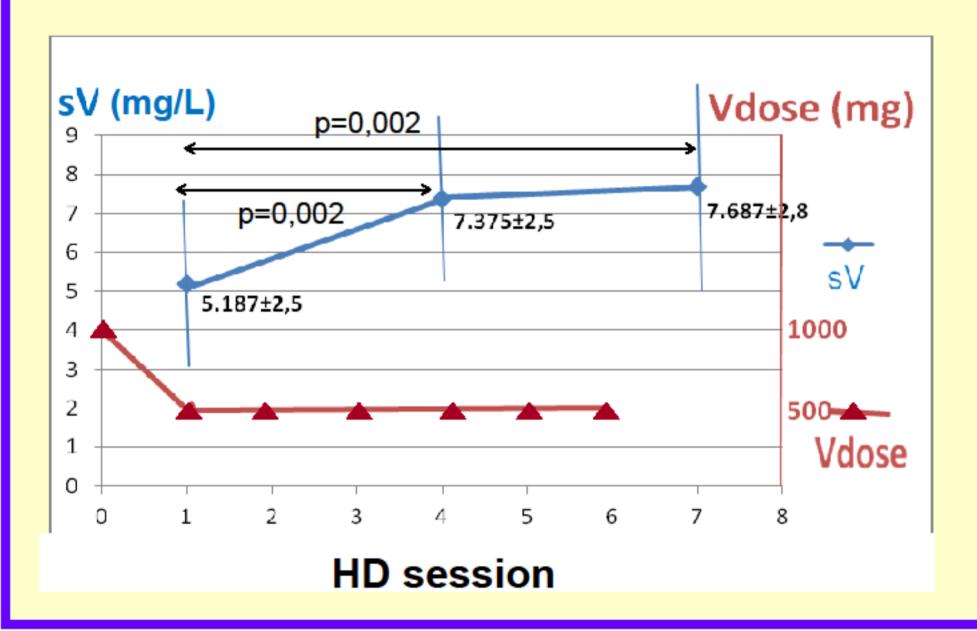


Figure 2. Trough sV1, sV2 and sV3 for low and high flux membranes

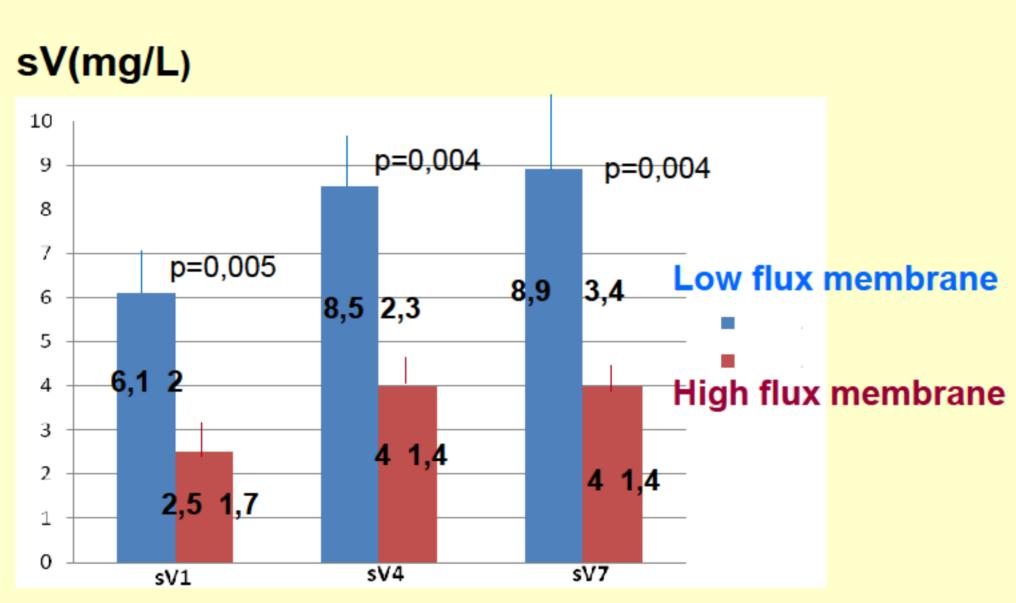


Table 1. Correlations of sV with various parameters

| PARAMETER | sV1 | | sV4 | | sV7 | |
|--|--------|------|--------|------|--------|------|
| | R | р | R | р | R | р |
| Age | -0,303 | NS | -0,117 | NS | 0,050 | NS |
| Months on HD treatment | -0,129 | NS | -0,295 | NS | -0,331 | NS |
| Dry body weight | -0,186 | NS | 0,023 | NS | -0,032 | NS |
| Diuresis | 0,209 | NS | 2,230 | NS | 0,317 | NS |
| Vancomycin last dose /kg* | 0,186 | NS | 0,321 | NS | 0,069 | NS |
| Times from preceding dose of vancomycin to trough sV | -0,195 | NS | 0,017 | NS | -0,109 | NS |
| Duration of last HD session | 0,139 | NS | -0,261 | NS | -0,350 | NS |
| Blood flow of last session | -0,097 | NS | -0,065 | NS | -0,057 | NS |
| UF volume of last session | -0,304 | NS | -0,255 | NS | -0,208 | NS |
| Membrane surface | -0,604 | 0,01 | -0,703 | 0,01 | -0,705 | 0,01 |

- Patients received a load vancomycin dose of 13,1±2,4mg/kg (median, 13,3; range, 9-16,7) and 6 maintenance doses of 7±1,8mg/kg each (median, 6,8; range, 3,8-10,6). The dosing regimen resulted to sV1 of 5,2±2,5mg/L (median, 5; range, 3-11), sV4 of 7,4±2,5mg/L (median, 7,5; range, 3-11) and sV7 of 7,7±2,8 mg/L (median, 8; range, 3-12). Compared with sV1, both sV4 and sV7 showed a statistically significant increase (p=0,002 respectively) (figure 1).
- Patients dialyzed with high-flux dialyzers (n=5) had lower sV1, sV4 and sV7 compared with patients dialyzed with low-flux dialyzers (figure 2).
- Significant negative correlations were observed between membrane surface and all sV separately. No significant correlations of sV could be found with age, gender, ideal or actual body weight, diuresis, time interval between vancomycin administration and next predialysis sV measurement, blood flow, ultrafiltration rate and vancomycin dose (table 1).

CONCLUSIONS

Under the vancomycin dosing regimen used, pre-dialysis trough sV levels

- increased with time during treatment period but
- remained significantly below recommended concentrations (2,3), being even lower than 10mg/L,
- especially in patients treated with high flux HD (4,5). Intensification of the vancomycin dosing regimen in order to achieve higher predialysis sV levels should be the object of further investigation.

References

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