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Equipotent Doses of Erythropoiesis-Stimulating Agents in Outpatients with Anaemia Secondary to Chronic Kidney Disease

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***SUMMARY*. Our objective was to determine equipotent doses of different erythropoiesis-stimulating agents (ESAs) used in daily practice for treatment of anaemia in outpatients with chronic kidney disease. A multicenter, descriptive, transversal study was carried out in 409 adult outpatients treated with the main ESAs, that is, epoetin α, epoetin β, darbepoetin α and continuous erythropoietin receptor activator (CERA) in two tertiary hospitals. The prescription profile was: 6.1% epoetin α, 9.8% epoetin β, 37.4% darbepoetin α and 46.7% CERA. The relation among equipotent monthly doses of different ESAs was: 167 IU (epoetin α), 192 IU (epoetin β), 1 μg (darbepoetin α), and 0.9 μg (CERA). Effectivity and safety profile was similar for all types of ESAs. Albumin levels, C-reactive protein and iron storage were associated to erythropoietin resistance. In conclusion, CERA dose used in clinical practice was 47.7% lower than the equivalence published in the summary of product characteristics, although these patients had a better kidney function.**

KEY WORDS: Anaemia, Chronic kidney disease, Equipotent doses, Erythropoiesis-stimulating agents.
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