

Are PBC Patients In The UK Being Underdosed With UDCA?

By Dr Riadh Jazwari Medical Director of Dr Falk Pharma.

Many Primary Biliary Cirrhosis patients in the UK may be taking a dose of Ursodeoxycholic acid that is less than treatment guidelines recommend. This is the finding of a survey carried out by the PBC Foundation earlier this year. Dosing of UDCA has been raised as something important in working towards optimum management of PBC. (1)

'Ursodeoxycholic Acid is currently the only licenced treatment available for PBC,' explains Dr Riadh Jazwari, Medical Director of Dr Falk Pharma and co-author of several papers on the role of the drug in controlling PBC. 'In the majority of patients it is effective at slowing down the progress of the disease. Prior studies have raised the possibility that there is a link between outcomes and optimum dosage of Ursodeoxycholic Acid (2-4) right from diagnosis, so it is vital that the patient receives the correct dose of the drug. The fact that this survey shows otherwise is worthy of discussion.'

The dosage of Ursodeoxycholic Acid depends on the weight of the patient and current guidelines state that the optimum dose of Ursodeoxycholic acid is 13 to 15 mg per every kilo that the patient weighs. (5)

However the PBC Foundation survey, which heard from around 500 respondents, reported that whilst only 2% of patients weighed less than 50 kilograms, around 33% of the respondents were taking the dosage for this weight (750mgs per day).

'This implies that 31% of those respondents are being underdosed,' says Dr Jazwari. 'Further we found that although 30% of those surveyed weighed 80kg and over, only 12.4% took at least 1,000 mg per day which is the minimum dose for someone who weighs 80kg.'

The survey also demonstrated that, despite the link between weight and dosage, many PBC patients were not being weighed regularly. Around one in three patients (33%) reported that they were weighed by their health care professional less than once a year and nearly 12 per cent (54 respondents) were weighed less than every two years.

'Being weighed regularly is vital for correct dosage adjustment,' advises Dr

Jazwari. 'It is particularly pertinent to remember that when PBC patients first start taking UDCA their weight can often increase due to improved appetite and general well-being. If their weight is not closely monitored at this time, this group of patients are at particular risk of being under dosed as their weight increases.'

The PBC Foundation is concerned at the widespread evidence of underdosing thrown up by their survey.

'We believe that not taking the correct dosage of Ursodeoxycholic Acid has a link to a poorer long-term outcome than if patients took the correct dosage', says Collette Thain, MBE, CEO of the PBC Foundation. 'Underdosing has been a historical concern here in the UK and we are very disappointed that our survey suggested that this problem is still not always fully corrected and dealt with by the health care professionals.'

'We would urge any one with PBC to visit their GP regularly to be weighed and to have their Ursodeoxycholic Acid dosage checked and if necessary adjusted.'

'Remember that approaching 10% of all liver transplants are due to PBC. If you can reduce that number it frees livers for people who have other liver diseases. Urso is the only drug which we have at the moment which slows progression of the disease so encouraging and supporting PBC patient to take the correct dosage of Urso will improve and save lives.'

The PBC Foundation medical advisers were pleased to add their commentary to this article (Gideon Hirschfield and James Neuberger, Birmingham):

This is an important observational study conducted by the PBC Foundation and we are heartened that so many patients took the time to reply. It certainly is an important issue to discuss and one

that we take seriously in our practice, and more so across UK-PBC as a whole. Optimal dosing makes sense and certainly the best way to gauge if someone has not responded to any drug, is to start off giving it at the recommended dose. However not everyone can tolerate the full dose and this is not anyone's fault so patients must find the dose that suits them, and not be too concerned if they can't manage the highest dose because of side effects.

By aspiring to give the guideline dose of UDCA it does nevertheless demonstrate that the doctor and patient have been proactive and considered in their approach to PBC care. As a starting point to really bring the care for patients with PBC up to the best it possibly can be, we need to move towards a more standardised approach, that is equal for all, and which allows comparisons to be readily made. This includes amongst many things, trying to get patients to the guideline dose of UDCA, which in itself facilitates identifying the patients who need more than just UDCA to stay well. So encouraging treatment at the guideline dose of UDCA where tolerated by the patient, is really part of the broader effort of challenging all doctors to take PBC seriously, to think critically about what it means to take UDCA, and how to manage a patient who either has an insufficient response to treatment, or is intolerant of UDCA itself.

References:

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