

# MY TOP 5 TAKES ON A PAPER TITLED

Reappraisal of Linezolid (LNZ) Dosing in Renal Impairment to Improve Safety

## What is Linezolid?

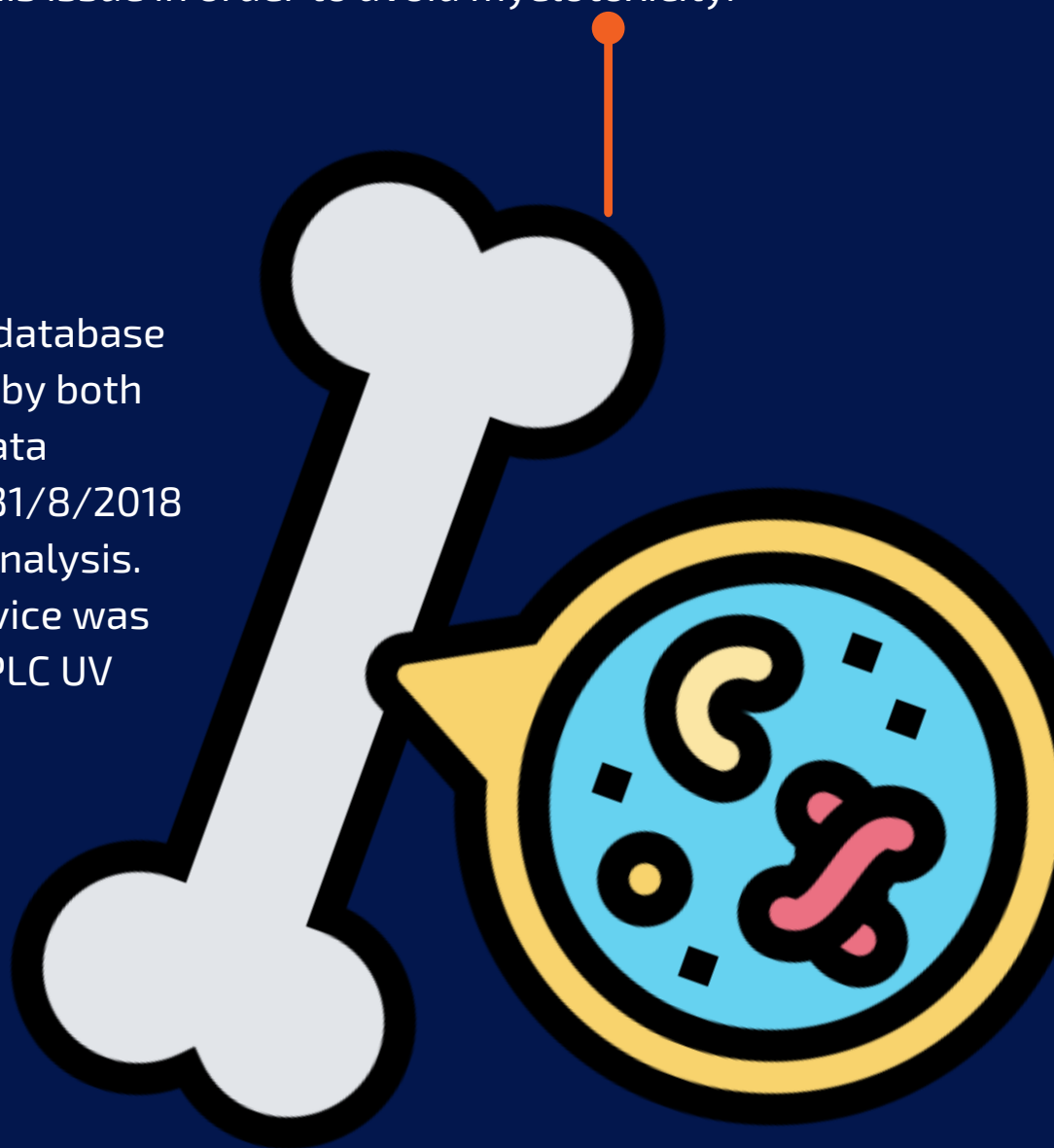
Linezolid is an oxazolidinone antibiotic that has 100 % bioavailability following oral administration. It is active against MRSA, VRE and TB. However, prolonged use ( $\geq 14$  days) may be complicated by myelosuppression

## Each of us is unique

A significant inter-patient variability is seen of its clearance by kidneys. Thus, some centers utilize TDM to address this issue in order to avoid myelotoxicity.

## Where?

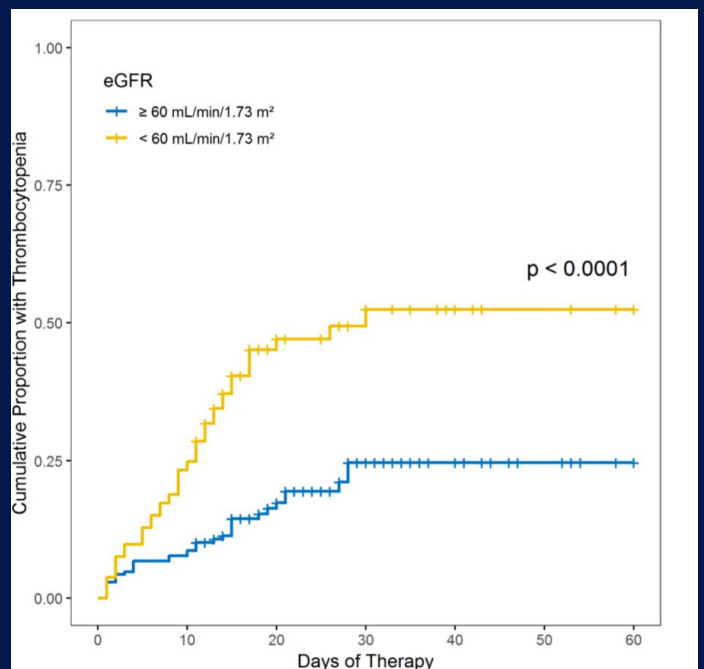
University of Michigan database was used in this, whereby both clinical and LNZ TDM data between 1/1/2017 and 31/8/2018 was extracted out for analysis. Thrice weekly TDM service was available for LNZ via HPLC UV machine.



## Results

341 patients who received LNZ for > 10 days were included. Of these, 133 (39%) had renal impairment and they tended to be older, had higher BMI and more co-morbidities.

Thrombocytopenia was more common in them (42.9% vs 16.8% in those with normal kidney fx).



## Reduce the dose in renally impaired patients

Patients with  $eGFR < 60$  mL/min were 2X more likely to develop thrombocytopenia. Reducing LNZ dose from 600 mg BD to 300 mg BD in them would improve the balance between safety and efficacy.

600 mg  
BD



300 mg  
BD