Information for the treatment of Immune Thrombocytopenia in Adults

ITP Australia New Zealand

Dexamethasone

First-line treatment

Corticosteroids or steroids are the standard first-line treatment approach for Immune Thrombocytopenia (ITP) and usually include Prednisolone or Dexamethasone.

Corticosteroids are treatments based on a naturally occurring hormone produced by the adrenal glands involved in controlling inflammation, stress response, metabolism, behaviour, electrolyte balance and more.

Corticosteroids work by suppressing the immune system to raise the platelet count.

Corticosteroids are standard of care in the initial therapy of ITP, and it is recommended, based on the Consensus Guidelines for the management of adult Immune Thrombocytopenia in Australia and New Zealand, that Dexamethasone not be used for more than 6 pulses/cycles of treatment.

BRAND NAMES

Dexamethasone

HOW DOES THE TREATMENT WORK?

Dexamethasone reduces the destruction of antibody-coated platelets in the blood and the bone marrow, thereby increasing effective platelet production.

It may reduce ITP bleeding through a direct impact on the blood vessels.

HOW IS IT ADMINISTERED?

Dexamethasone can be administered by intravenous injection or oral tablet.

It is recommended to be administered after meals or with food or milk to decrease gastrointestinal upset.

DOSAGE

A recommended starting dose for Dexamethasone is 40 mg or 0.6 mg/kg orally once daily for four days, known as a Dexamethasone pulse/cycle.

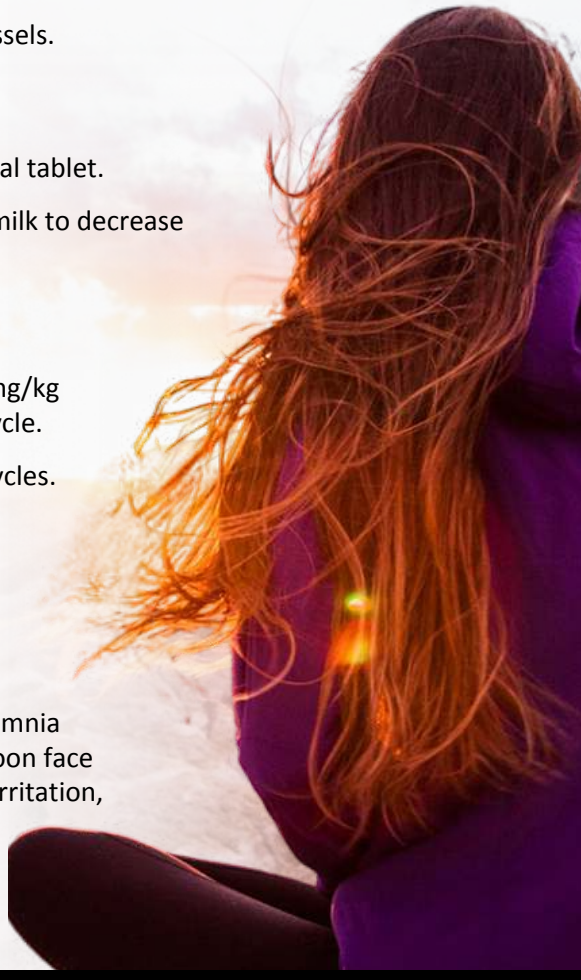
This treatment can be repeated every 14–28 days from one to six cycles.

Dexamethasone can be reduced to 20 mg for older adults.

COMMON SIDE EFFECTS

The side effects vary with dose and duration of administration.

Common side effects can include mood swings, anger, anxiety, insomnia (difficulty sleeping), weight gain, cushingoid face (also known as moon face and appears as a puffy face and rounded facial features), stomach irritation, ulcers, high blood pressure, high blood sugar, and fluid retention.



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RARE SIDE EFFECTS

With repetitive cycles, side effects can include osteoporosis (weakening of bones), skin changes including thinning and senile purpura, hair loss, avascular necrosis (death of bone) of joints, psychosis, cataracts, infections, and adrenal insufficiency.

A rapid decline in platelet count may occur between cycles.

TREATMENT RESPONSE

Initial response time is between 3 and 14 days, with a peak response of 4 to 28 days.

LIKELIHOOD OF AN INITIAL RESPONSE

Approximately 80%.

LIKELIHOOD OF A LONG-TERM RESPONSE? *3-5 years*

In general, initial treatment of ITP with steroid results in long term normalisation of platelet count in around a third of adult patients with ITP.

OTHER CONSIDERATIONS

Dexamethasone is favoured by clinicians and patients seeking a more rapid response with a shorter overall duration of steroid exposure.

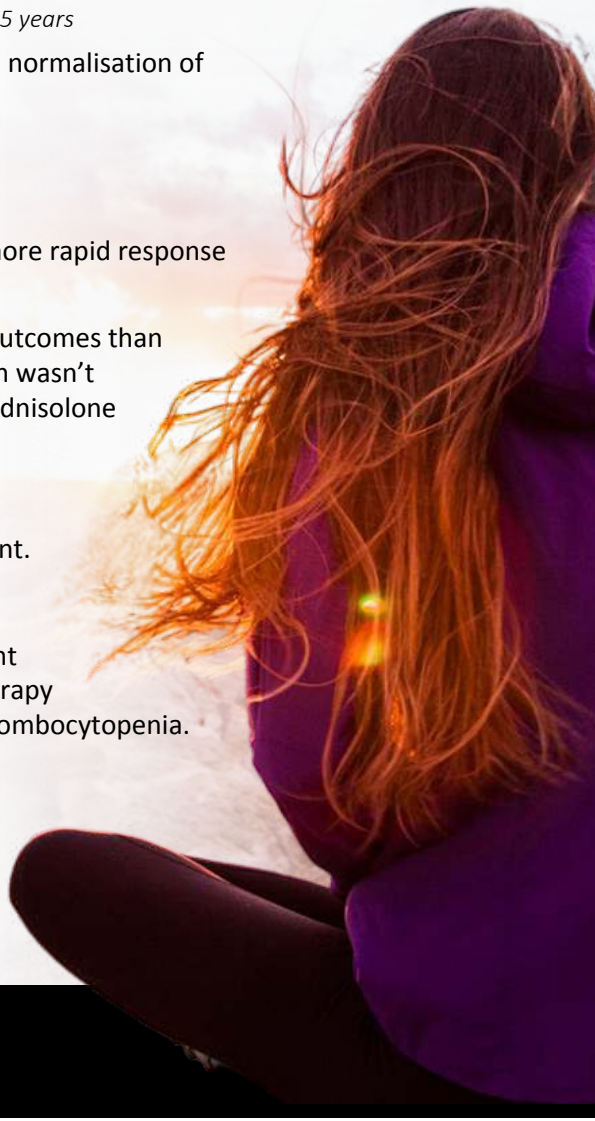
Some studies suggesting that dexamethasone resulted in better outcomes than prednisolone were published in the 2000 decade. This observation wasn't replicated with widespread use, and most haematologists use prednisolone in first-line treatment of ITP.

Severe mood alterations have been reported.

Use with caution if a pre-existing mental health condition is present.

Dexamethasone can be used in pregnancy.

Patients requiring longer-term steroid therapy (steroids dependent after more than 8 to 10 weeks) or repeated courses of steroid therapy should be referred to a Haematologist specialising in Immune Thrombocytopenia.



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