Effect of the Initial Maintenance Dose of Droxidopa on Treatment Persistence in Patients With Neurogenic Orthostatic Hypotension

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INTRODUCTION

Droxidopa is approved to treat the symptoms of nOH and requires titration to an individually optimal effective dose (Figure 1). If the titration is stopped because of lack of tolerability (eg, occurrence of supine hypertension), maintenance treatment should commence at the previous titration dose assuming it provided reasonable efficacy.

FIGURE 1 - Recommended Titration of Droxidopa

- It is critical to rapidly identify the optimal dose to reduce patients’ nOH symptom burden and improve their physical function.² ³

OBJECTIVE

To examine titration schedules, daily dosages, and treatment persistence of droxidopa in patients with nOH treated in clinical practice settings

METHODS

- Using patient-level data from the central NORTHERA™ specialty pharmacy hub, outcomes related to titration schedule and dosage, maintenance dosage, and persistence were examined (Figure 2).

FIGURE 2 - Study Design and Outcomes

- The authors received medical writing and editorial assistance from ICON (North Wales, PA, USA), which was supported by Lundbeck.

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REFERENCES


ETHICS

Institutional review board/patient consent was not required for these analyses of real-world evidence using aggregated anonymous patient prescription data.

DISCLOSURES

The data reported were derived from studies funded by Lundbeck. FA is a consultant for AbbVie, Acadia, Adamas, Amneal Pharmaceuticals, Kyowa Kirin, Lundbeck, Neuroneur, Sunovion, Teva, and US World Meds. LAH, SK, BP, and AF are employees of Lundbeck.

RESULTS

DROXIDOPA TITRATION SCHEDULE AND DOSAGE

- 53% of patients were titrated using a custom schedule (ie, not per the droxidopa labeling recommendation; Figure 3). Patients custom titrated received substantially lower 24-hour titrations than patients titrated consistent with the droxidopa label (Figure 4).

- 52% of patients titrated with custom schedules received ≤300 mg of droxidopa/day; in the clinical trials, 65% of patients received >900 mg droxidopa/day (Figure 5).

FIGURE 3 - Percentage of Patients by Titration Schedule

- A relationship between higher maintenance dosages of droxidopa and greater treatment persistence was identified.

- Customized titration schedules may lead to the use of lower daily maintenance dosages of droxidopa and less treatment persistence.

- Clinicians should ensure patients with nOH are efficiently titrated to a droxidopa dosage that allows for optimal symptomatic and functional improvement.

CONCLUSIONS

- More than 50% of patients treated with droxidopa in clinical practice settings are not titrated according to the 24- or 48-hour schedule recommended on the product label.

- Patients titrated using a customized schedule received lower daily dosages of droxidopa vs patients titrated per the product label or clinical trial populations.

- A relationship between higher maintenance dosages of droxidopa and greater treatment persistence was identified.

- Customized titration schedules may lead to the identification and use of lower daily maintenance dosages of droxidopa and less treatment persistence.

- Clinicians should ensure patients with nOH are efficiently titrated to a droxidopa dosage that allows for optimal symptomatic and functional improvement.

LIMITATIONS

- The reasons for use of custom titration schedules could not be examined.

- Although daily titration and final maintenance dosage are likely strongly related, the relationship was not established in our analyses.

- Comparisons of outcomes between patients treated in clinical practice vs clinical trial settings may be limited due to differences in patient characteristics (eg, disease severity, demographics, comorbidities).

- It is critical to rapidly identify the optimal dose to reduce patients’ nOH symptom burden and improve their physical function.² ³

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