

108. Nicotinamide and Thrombocytopenia?

C. Lecomte,¹ B. Vendrely,² G. Miremont-Salamé,¹ C. Combe,²
F. Haramburu¹

¹ Centre de Pharmacovigilance, Département de pharmacologie, INSERM U657, Bordeaux, France; ² Département de Néphrologie; Université Victor Segalen, CHU, Bordeaux, France

Background: Nicotinamide has been proposed (off-label) for treatment of hyperphosphoremia in dialysis patients. Cases of thrombocytopenia have been recently published.

Objective: To assess the frequency of this potential adverse effect in Aquitaine (South-western France)

Methods: An e-mail questionnaire was sent to all dialysis centres of the region. Data collected were the number of patient treated, the duration of treatment, the occurrence of a thrombocytopenia (defined as platelet count < 150G/L or a decrease > 25%).

Results: A total of 108 patients were treated or had been treated with nicotinamide (around 6% of patients with chronic renal insufficiency); in 20 patients, a thrombocytopenia had occurred (18,5%). There were 13 male and 7 female patients; mean age: 55.3 years (median: 57.5; range: 24-80); 19 patients had hemodialysis and 1 peritoneal dialysis. Two patients presented with a purpura. The mean duration of treatment was 8.2 months (0.33-23); mean delay to onset for thrombocytopenia was 2.8 months (0.23-7). The mean value of platelets was 93G/L (24-145). In 4 cases, the thrombocytopenia pre-existed but platelets clearly decreased under treatment. Seventeenth patients recovered after nicotinamide withdrawal (mean: 211G/L; 127-376).

Discussion and conclusion: Thrombocytopenia seems to occur frequently during treatment with nicotinamide in dialysis patients. Although in most cases the severity was mild and other causes were not ruled out, nephrologists must be aware of this potential adverse effect. As there is no proven efficacy in this indication, the potential risks must be carefully assessed. Regular control of platelet count could be useful.