

Introduction

Intravenous Immunoglobulins (IVIG) is a blood product comprising of polyclonal immunoglobulin G isolated and pooled from thousand of donors. IVIG is administered as at low dose at regular intervals as antibody replacement therapy in primary immunodeficiencies such as agammaglobulinemia and common variable immunodeficiency or acquired immunodeficiencies. It is also used at high dose as immunomodulatory treatment in auto-immune or auto-inflammatory diseases including Kawasaki disease and Immune thrombocytopenic purpura. IVIG administration for off label indications is also at upsurge which includes dermatologic, hematologic and neuromuscular disorders

Research Methodology

Study Design	Descriptive
Data collection	Primary Data
Sample size	287
Sample area	West- Mumbai North- Jaipur, Delhi South-Bengaluru, Trivandrum, Cochin
Time period of data collection	29 Field Working Days

Objective

Objective was four folds:

- To assess therapeutic and Price Benefits of Multiple Intravenous Immunoglobulins Strengths (10g/100ml, 5g/100ml, 2.5g/50ml)
- To assess disease condition and frequency usage pattern of IVIG in different specialties
- To know substitute preference over IVIG
- To know brand usage of IVIG in various cities

%Hospitals Covered in Different Cities

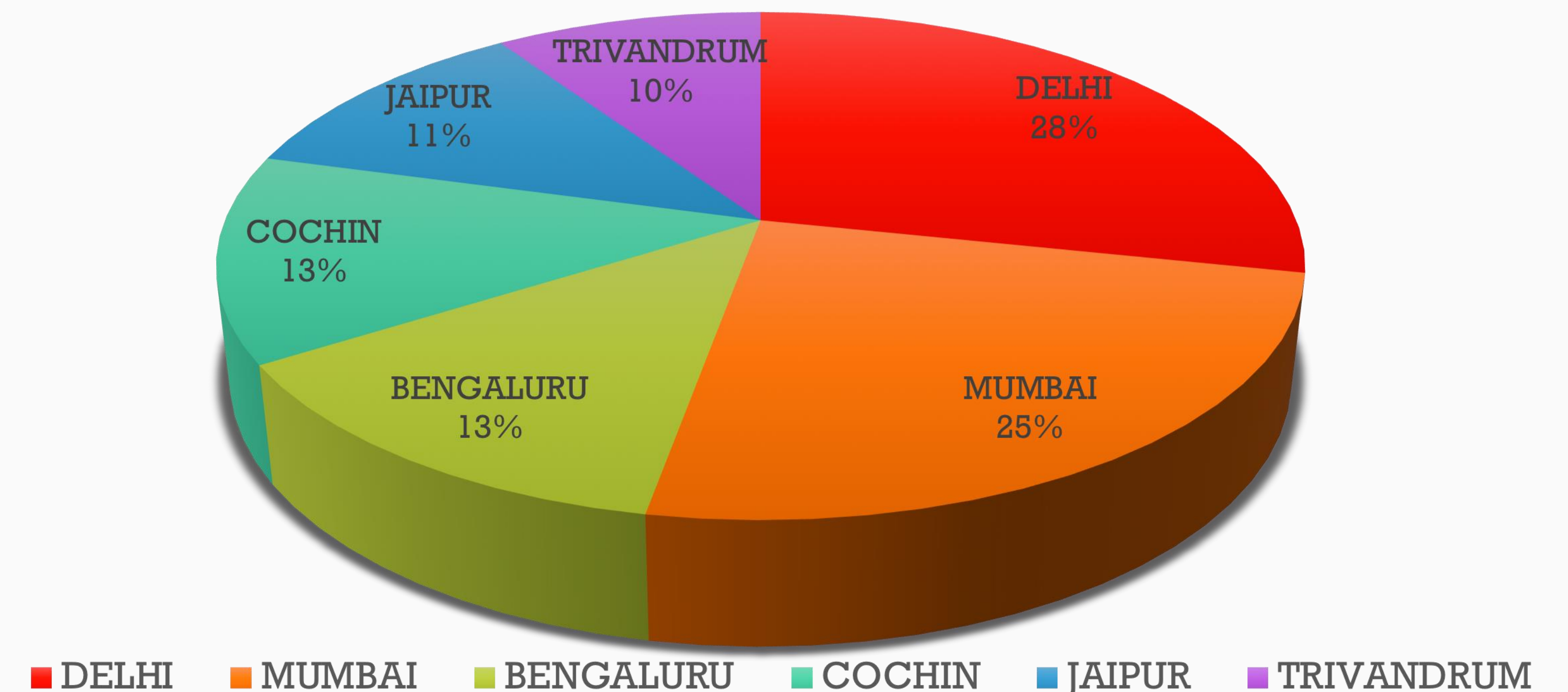


Fig1: The data share is maximum from Delhi and Mumbai

Results

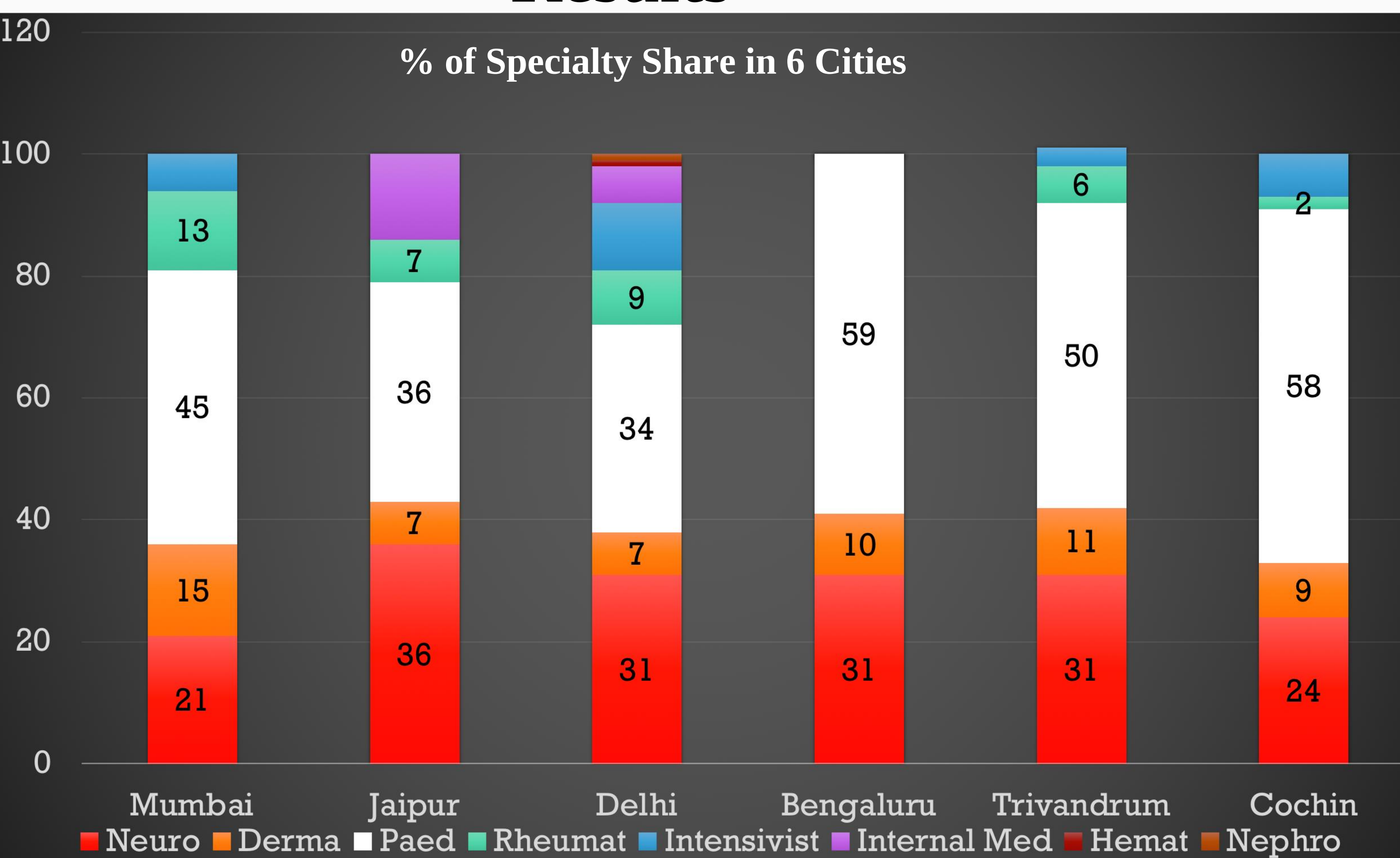


Fig 3: Pan India- Pediatricians(130), Neurologist (80), Dermatologist (28), Rheumatologist (20), Intensivist (17), Internal Medicine (9), Hematologist (1), Nephrologist (1)

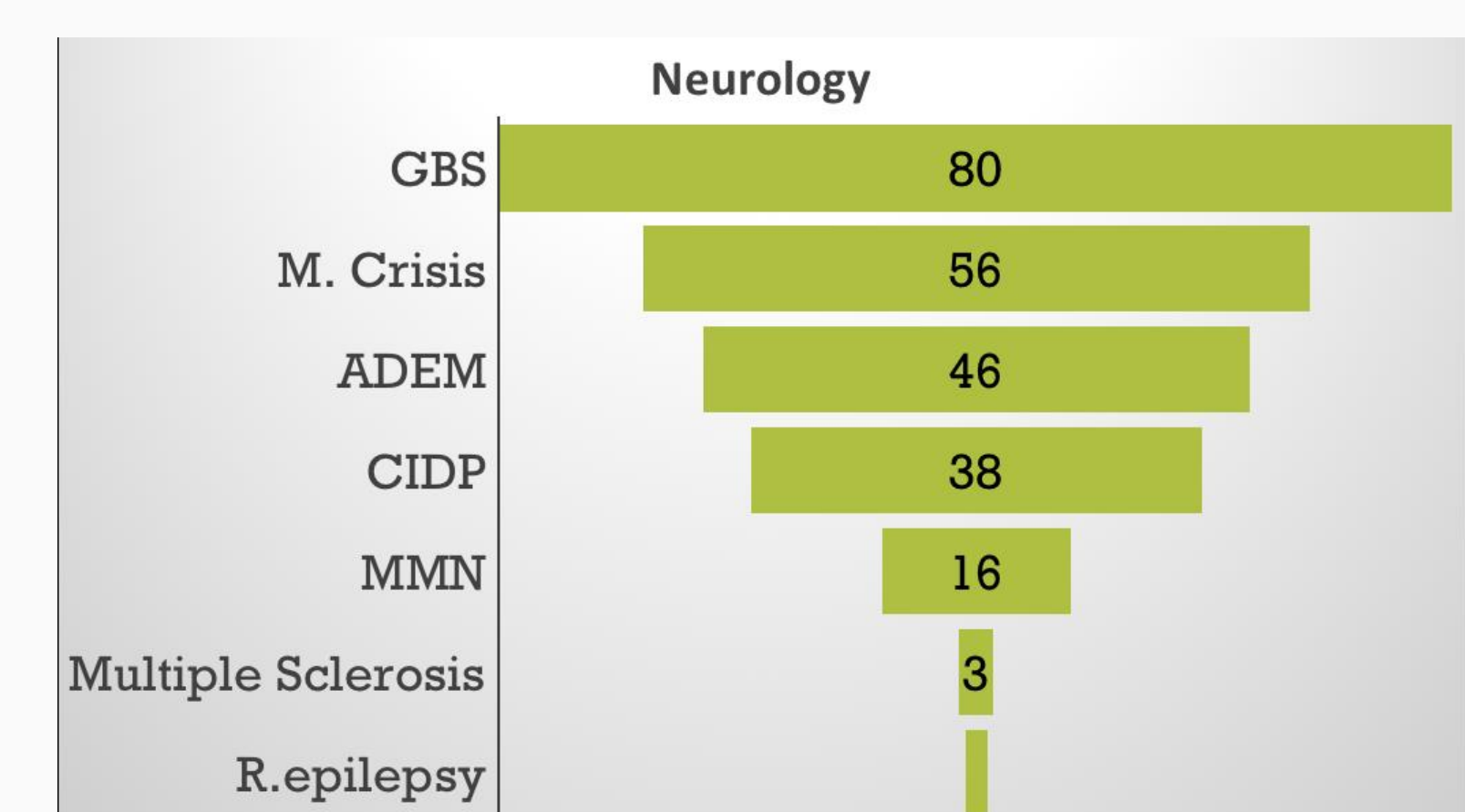
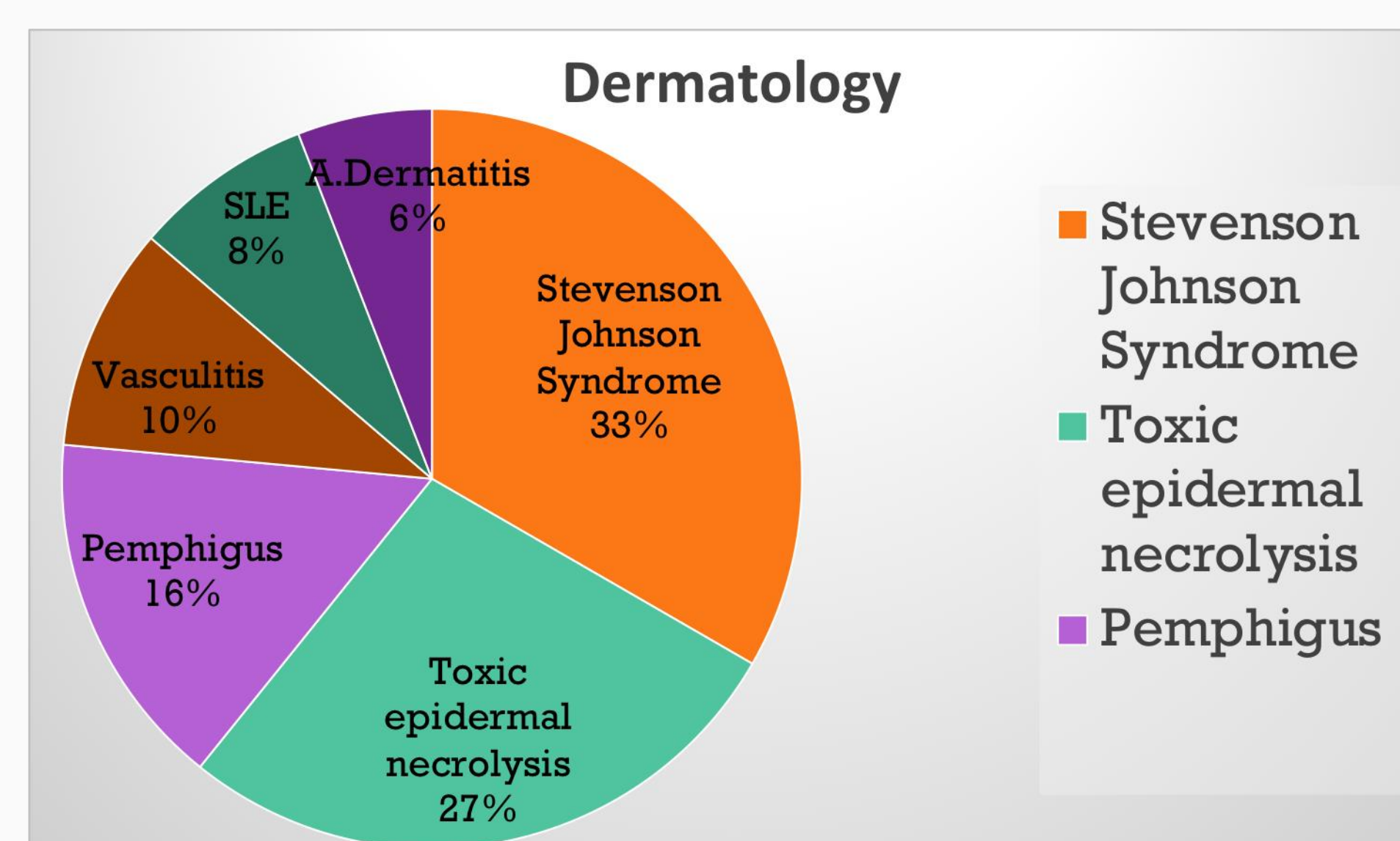
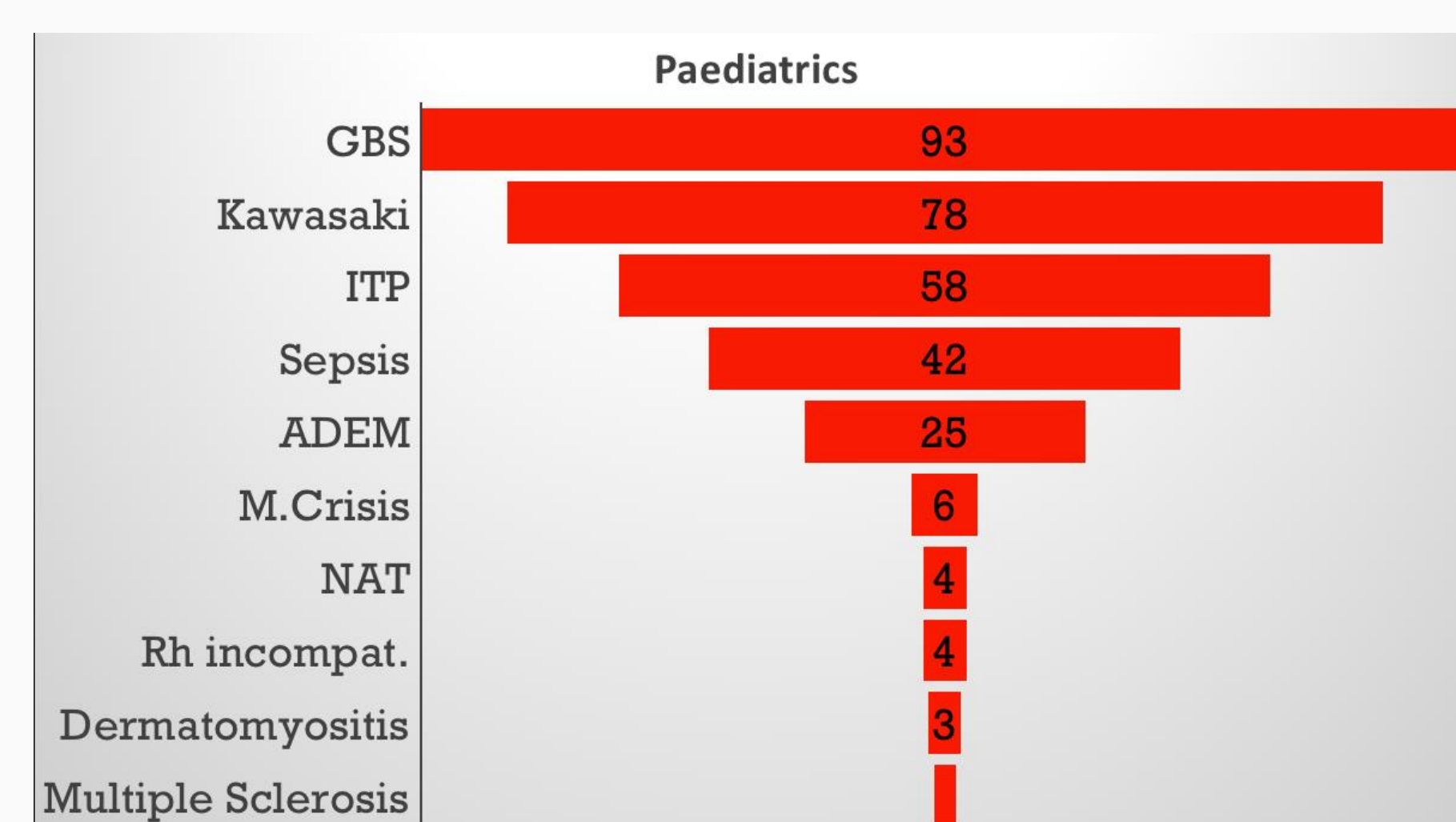
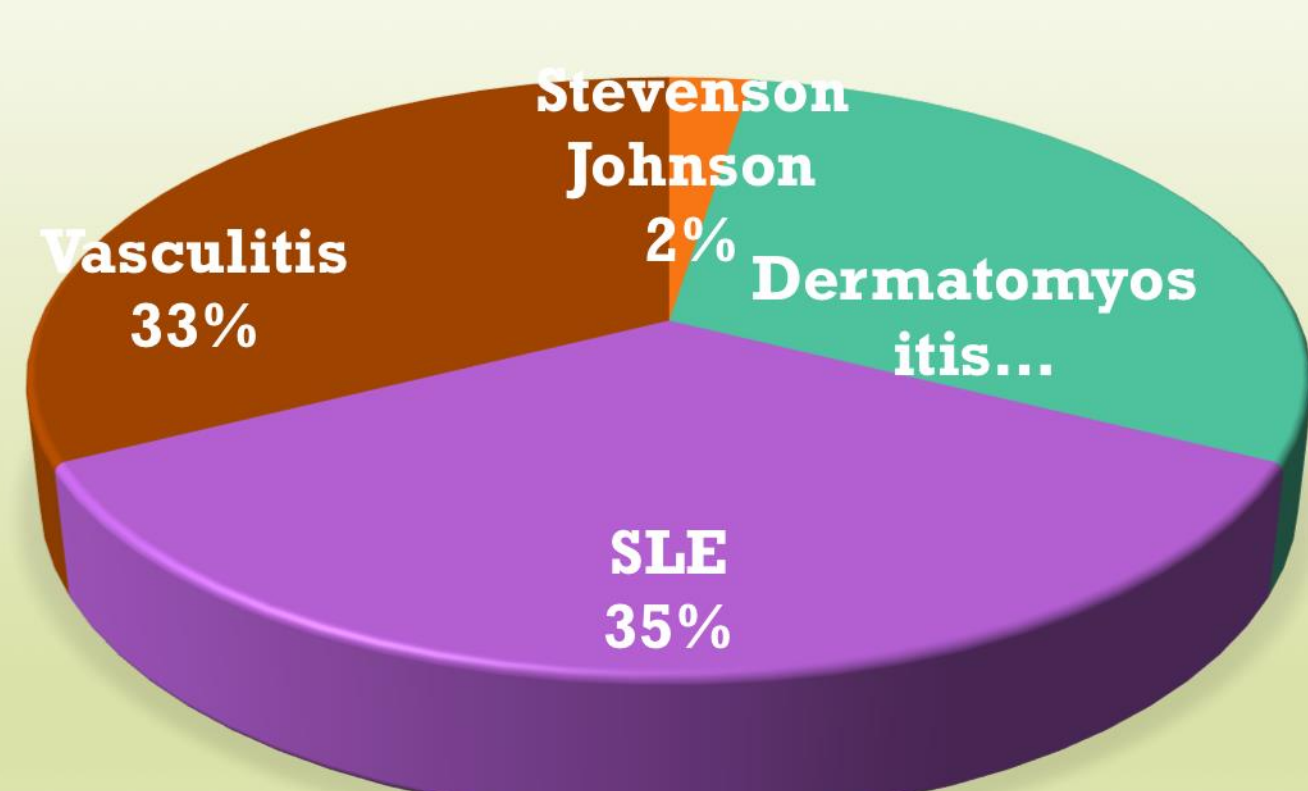


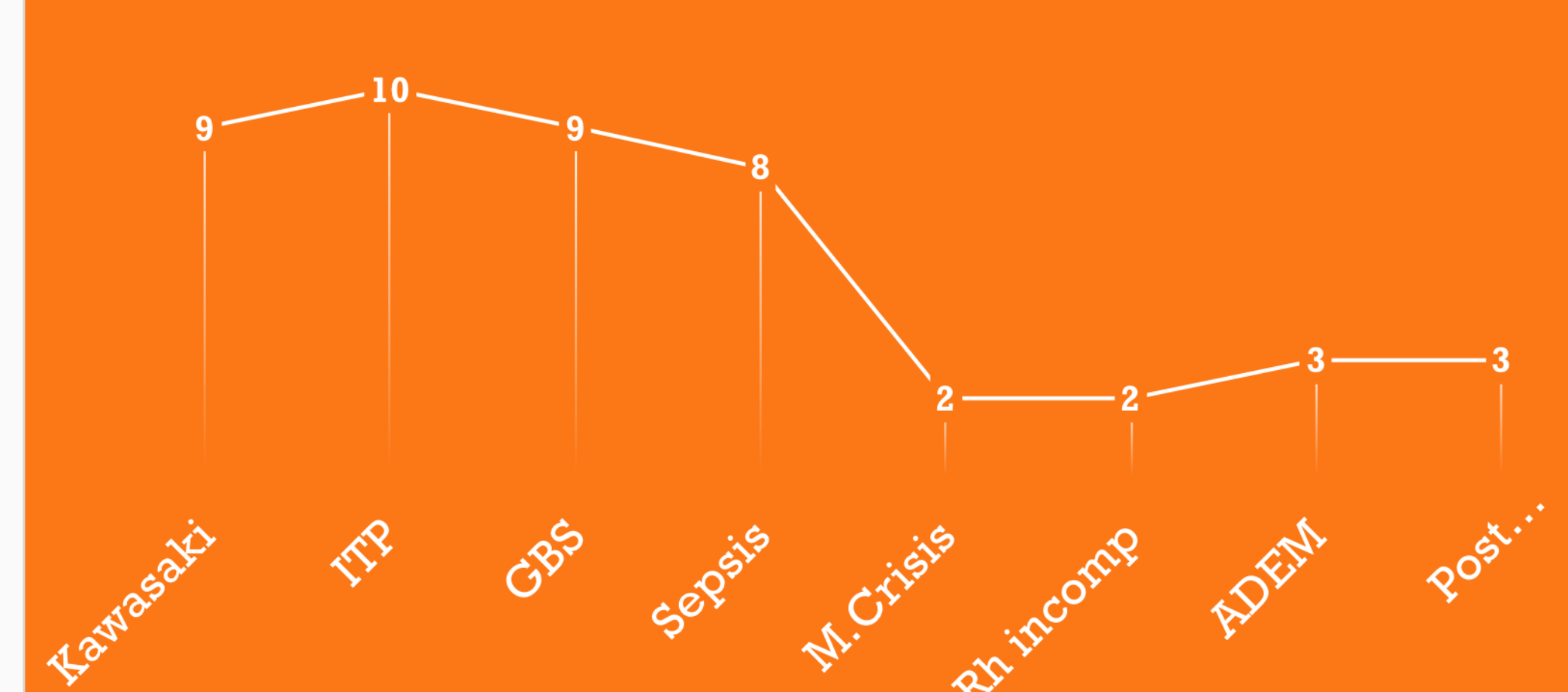
Fig 2: Doctors preferred more of 5g/100ml.

Patients with renal failure or who required less of fluid volume-10g/100ml
Intensivists in PICU and NICU preferred 2.5g/50ml

RHEUMATOLOGY



INTENSIVIST



Conclusion

- IVIG can be given in active infections whereas steroids are contraindicated
- IVIG preferred over plasma exchange if affordability not an issue
- Plasma exchange-needs intervention, may cause embolic events, cardiac failure, infections
- GBS, clustering disease- increased cases in rainy season
- Kawasaki disease, clustering in nature
- Some doctors (Rheumat, Derma) preferred half dosage because of affordability
- PID-B cell immunomodulatory: Monthly IVIG
T cell immunomodulatory: Bone Marrow transplant
- 10g- Preferred in patients with renal failure, requiring less fluid volume
Concern of hyper viscosity and stroke

