(S88) ALEMTUZUMAB INFUSION IN MULTIPLE SCLEROSIS: NURSING PERSPECTIVE ON INFUSION-ASSOCIATED REACTIONS
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**Background:** Alemtuzumab has demonstrated greater efficacy compared with subcutaneous interferon beta-1a in a trial with relapsing-remitting multiple sclerosis (RRMS) patients on relapse rate, sustained accumulation of disability, and improvement in disability scores compared with baseline. Alemtuzumab is an intravenous (IV) therapy given on 5 days for an initial cycle, followed a year later by a 3-day cycle. The initial treatment cycle of alemtuzumab was administered at a dose of 12 mg or 24 mg daily for 5 consecutive days, diluted in 100 mL of normal saline, and then IV-infused over a usual duration of 4 hours. On infusion day 1 through 3, the alemtuzumab infusion was preceded by an infusion of methylprednisolone 1000 mg diluted in 50 mL of normal saline given over a duration of 1 hour. Infusion-associated reactions (IARs) constitute a constellation of known symptoms following alemtuzumab infusions. **Objectives:** To present a nursing perspective on management of IARs following initial alemtuzumab infusion therapy in RRMS patients observed during investigative and clinical trials. **Methods:** Prior to initiation of therapy, an educational program regarding IARs was instituted. Patients were to be instructed about the risks and benefits of alemtuzumab infusion, its mechanism of action, and the infusion therapy process. An algorithm has been developed that outlines nursing measures for assessment and intervention of identified IARs. Patients were placed on fixed oral histamine blockade. Oral or IV antipyretics and antihistamines dosing protocols were developed. Specifics of the regimen and the relationship to reducing IARs will be presented. **Results:** Nursing management with a diligent prophylactic/premedication regimen appeared to reduce the occurrence and intensity of the more common IARs, such as urticaria, pyrexia, myalgias, and headache, during and after the alemtuzumab infusion therapy period. Well-informed patients appeared to experience an anxiety level that decreased daily throughout the duration of the infusion process. **Conclusions:** Effective prophylaxis and management of IARs as well as a focused educational and adverse events management program are critical nursing interventions and essential for optimum-quality care.

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