

TERLIPRESSIN



Triplessin

One Molecule, Three Frontlines

HEPATORENAL SYNDROME

Induces vasoconstriction in the splanchnic circulation.

Increased systemic vascular resistance and mean arterial pressure.

VARICEAL HAEMORRHAGE

Reduce portal hypertension constricting splanchnic arterioles.

Decrease portal venous inflow and pressure

SHOCK

Vasoconstrictive effects through activation of V1 receptors located on vascular smooth muscle cells.

Increased systemic vascular resistance and improved arterial pressure.

Terlipressin plus Albumin

THE FIRST-LINE THERAPY FOR HEPATORENAL SYNDROME-ACUTE KIDNEY INJURY

An evidence-based therapy for hepatorenal syndrome-acute kidney injury (4RS-AKI), targeting both circulatory dysfunction and renal hypoperfusion to improve clinical outcomes.

Superior Efficacy Vs. Other Vasoconstrictors

In a 2015 randomized trial conducted in Italy, Patients who received Terlipressin had higher rates of HRS reversal (19 of 27, or 70.4%) compared with those who received the combination of octreotide and midodrine (6 of 21, or 28.6%, $P = .01$).

Higher HRS Reversal Rates

Terlipressin plus albumin significantly increases HRS reversal compared with albumin alone -32% vs 17% in the CONFIRM trial..

Supported by International Clinical Guidelines

Leading guidelines from American Association for the Study of Liver Diseases (AASLD) and European Association for the Study of the Liver (EASL) list the combination as first-line therapy for HRS-AKI.

Reduced Requirement for Renal Replacement Therapy

Patients on terlipressin plus albumin had lower need for dialysis (29% vs 39% at 90days in CONFIRM).



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0960-687-8482

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Dosage and Administration

TERLIPRESSIN

- Start continuous IV infusion at **2 mg** per day.
- If there's no response after **72 hours**, increase by 2mg/day.
- Maximum dose: up to **4mg** per day

ALBUMIN

- Initial dose: 1g/kg body weight per day (maximum 100g/day) for the first 2 days.
- Then taper to 20–40g per day during ongoing therapy

HEPATORENAL SYNDROME

INITIAL DOSE:

1mg IV bolus every **4–6 hrs.**

Dose Adjustment:

if serum creatinine doesn't drop by **> 25%** after **3 days**, increase up to max 2mg every **4hrs.**

DURATION:

Up to **14 days** or until creatine $< 1.5\text{mg/dl}$

ADJUNCT:

Albumin **20–40g / day**

ALTERNATIVE:

Continuous IV infusion may be used in place of bolus

VARICEAL HAEMORRHAGE

Terlipressin should be initiated when variceal bleeding is suspected at a dose of 2mg every **4hrs** for the first **48hrs** and it may be continued for up to **5 days** at a lower dose of 1mg every **4hrs** or **12–24hrs** after cessation of bleeding.

SHOCK

2mg/**24hrs** as continuous infusion. Doses could be increased to a maximum of **4mg.**

