



A Retrospective Audit on the use of Oxandrolone in Burns Patients

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Introduction

- Oxandrolone is a synthetic testosterone derivative with androgenic and anabolic actions
- Used off-label in patients with >30% Total Body Surface Area (TBSA)
- Routinely prescribed after resuscitative and damage control surgery, ideally between day 3-7 of admission, to attenuate the hypermetabolic response
- Ceased when 80% of lost body weight has been regained and the patient has returned to a level of function allowing for independent daily activities^{1,2,3,4}

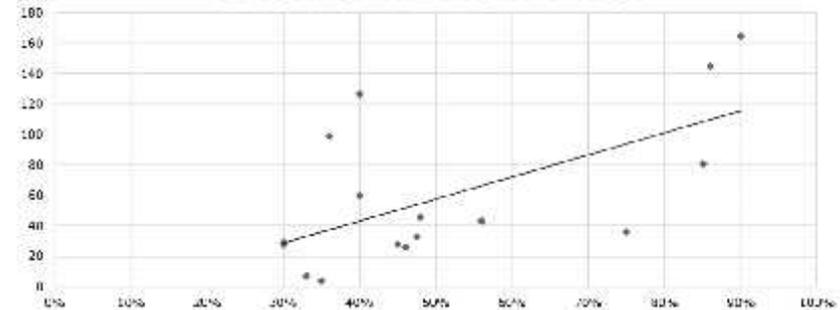
Method:

- A retrospective audit of all burns patients that were admitted to the Royal Brisbane and Women's Hospital, between January 2017 and December 2018 who received oxandrolone was undertaken, identifying whether the indication, length of treatment/cessation was appropriate.

Results:

- 16 patients in total were identified
- Mean TBSA = 63%
- Average length of stay = 119 days
- Average time to start Oxandrolone was Day 18 post injury
- Treatment length ranged from 4 – 165days
- Patients lost on average 13.5% of Total Body Weight (TBW) -> only 20% of patients regained 80% of TBW prior to discharge
- Patients weight was recorded 94% on admission with weight recorded anywhere from 3days to 8weeks later
- Reason for cessation of Oxandrolone was unclear in half of patients
- 68.75% of patients had mild liver dysfunction during treatment but did not necessitate cessation of Oxandrolone

LENGTH OF TREATMENT V TBSA



Conclusion

- Patients are commenced on Oxandrolone on average at least 7 days later than studies recommend
- It is unclear whether Oxandrolone is being ceased appropriately as reason for cessation are poorly documented, as are recording of patient weights
- Liver function should be monitored at least weekly for the duration of Oxandrolone treatment and post cessation to ensure resolution of liver dysfunction

References

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