

The Benefits of SCIG

By Annaben Kazemi

IT'S NOT UNUSUAL for patients to feel anxious when they are considering switching from intravenous immune globulin (IVIG) therapy to subcutaneous immune globulin (SCIG) therapy. However, for those patients who experience adverse events to IVIG or who develop venous access problems, SCIG is a viable option.

SCIG vs. IVIG

SCIG offers patients an alternative to IV infusion. It is self-administered, and patients infuse more often in smaller amounts, thereby stabilizing the highs and lows that patients feel between IVIG infusions. SCIG also is a convenient method because patients can set their own schedules for infusions at home; they are not affected by

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the time constraints of a healthcare provider's schedule or limited by a clinic's infusion hours. Because SCIG is administered under the skin using several sites and doesn't require an IV, it eliminates IV placement problems, as well as lowers side effects. And, while patients often experience mild to moderate side effects of redness and soreness at the sites of infusion with SCIG, these effects can easily be dealt with by using compresses and creams.

Studies Demonstrate the Benefits of SCIG

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In one study, 165 patients who switched from IVIG to SCIG experienced reduced systemic adverse events, as well as reduced cost. The researchers concluded that not only

was SCIG convenient, safe and cost effective, but it could be successfully administered to patients who had previously experienced severe reactions.¹

Another study, conducted to determine the efficacy and safety of SCIG therapy versus IVIG, concluded that SCIG therapy provides acceptable trough levels of IgG, a low incidence of side effects, efficacy similar to IVIG infusions, better health-related quality of life, higher levels of treatment satisfaction, and faster functional recovery with less time off from school and work.²

Finally, a third multinational study of 16 children and 44 adults that evaluated the safety and effectiveness of switching from IVIG to SCIG showed that high IgG levels were easily maintained with SCIG, which resulted in very good protection against infections. Out of a total of 2,297 administered infusions, 28 (1 percent) systemic adverse reactions occurred, and none was severe. The most common reaction was mild to moderate tissue-based reactions at the site that declined over time, usually within eight to 10 weeks.³

Matching SCIG to the Correct Patients

SCIG is not for all patients; however, it is an appropriate mode of therapy for particular patients. It improves quality of life, provides flexibility and results in stable IgG levels. Yet, while the research is clear that the benefits of SCIG therapy outweigh the risk, it is important to match this mode of therapy to the correct patients.

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