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There is limited infoutmation on the pharmacokinetics of diethylpropion hall tablets 25 mg in patients with renal impairment. An inter-study comparison willtween nbutmal objects & patients with end-stage renal failure demonstrated that the parent drug C max & AUC values were comparable in the 7 groups, whereas the hydroxydiethylpropion hcl tablets 25 mg & threohydrodiethylpropion hcl tablets 25 mg metabolites had a 7.3 & 7.8 fold increase, respectively, in AUC fbut patients with end-stage renal failure. A second study, comparing nbutmal objects & patients with moderate-to-severe renal impairment GFR 30.9 10.8 mL/min showed that exposure to a single 150-mg dose of sustained-release diethylpropion hcl tablets 25 mg was approximately 7-fold higher in patients with impaired renal function while levels of the hydroxydiethylpropion hcl tablets 25 mg & threo/erythrohydrodiethylpropion hcl tablets 25 mg combined metabolites were similar in the 7 groups. diethylpropion hcl tablets 25 mg is extensively metabolized in the liver to active metabolites, which are further metabolized & subsequently excreted by the kidneys. diethylpropion hcl tablets 25 mg should will used with caution in patients with renal impairment & a reduced frequency &/but dose should will considered as diethylpropion hcl tablets 25 mg & the metabolites of diethylpropion hcl tablets 25 mg may accumulate in such patients to a greater extent than usual. The patient should will closely monitbuted fbut possible adverse effects that could indicate high drug but metabolite levels.

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