Material and methods This was a study of a series of patients diagnosed with moderate to severe AD and treated with dupilumab until October 2019. The data were obtained from the clinical history and the electronic prescription programme (SILICON). The variables recorded were: sex, age, previous treatments, cost of the vial through the medication management website in special situations and number of dispensations. Each case was evaluated by the local Biological and High Impact Medicines Commission (CAL). The criteria used to access the treatment were: diagnosis of moderate to severe AD, defined by a score on the doctor's global score scale (PGA) $\geq$3 and the eczema area and severity index (EASI) $\geq$16, and minimal involvement of the body surface area (BSA) $\geq$10%, and been treated with glucocorticoids, oral antihistamines and cyclosporine. Effectiveness was assessed as a 75% reduction in EASI (EASI-75) at week 16 and a decrease in immunoglobulin E (IgE). The average cost per patient was calculated.

Results Three patients (two men) were included, with a median age of 23 years (17–32). In all cases they had been treated with topical and systemic glucocorticoids, oral antihistamines and cyclosporine. One of the patients had received methotrexate. All patients met the utilisation criteria agreed by the CAL. At week 16, all three patients reached EASI-75, and this was maintained over time. Baseline IgE values were: 1500, 10 004 and 6013. The levels decreased to normal values in the three patients. The average cost per patient was € 17 400 over the 26 weeks of treatment.

Conclusion and relevance The effectiveness of dupilumab was significantly improved by reducing injuries and itching. The criteria of use allowed the selection of those patients who could obtain the greatest benefit. The analytical determination of IgE could be a criterion to select the most serious patients, and a decrease IgE could be used as a variable to evaluate the effectiveness of dupilumab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-026 DALBAVANCIN OFF-LABEL USE: EFFECTIVENESS AND SAFETY

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Background and importance Dalbavancin is approved for treating complicated skin and soft tissue infections. However, there is growing evidence that other severe gram positive infections could be treated with this antibiotic.

Aim and objectives To evaluate the use of dalbavancin in a tertiary hospital in Spain, as well as its effectiveness and safety for off-label indications.

Material and methods A retrospective observational study was carried out including all patients treated with dalbavancin in our hospital (October 2016–June 2019). Demographic, clinical and safety variables were collected. Effectiveness was assessed by the clinical and microbiological resolution of the infection, and the absence of hospital admissions due to the same infection in the following 3 months after receiving dalbavancin.

Results Ninety-two patients received treatment during the period of the study (70.7% men, n=65; median age 69.1 ±15.0 years). In 64 cases (69.6%) the treatment was off-label: bacteraemia (68.7%, n=44), endocarditis (18.8%, n=12), osteomyelitis (9.4%, n=6) and septic arthritis (3.1%, n=2).

Infections were caused by: *Staphylococcus aureus* (68.9%, n=44), *Enterococcus* (14.2%, n=9), empiric (6.3%, n=4), *Staphylococcus epidermidis* (3.1%, n=2), *Staphylococcus lugdunensis* (1.5%, n=1), coagulase negative *Staphylococcus* (1.5%, n=1), *Staphylococcus haemolyticus* (1.5%, n=1), *Streptococcus oralis* (1.5%, n=1) and *Streptococcus gordonii* (1.5%, n=1).

All patients had previously received antibiotics. Reasons for switching to dalbavancin were: patient discharge (85.9%, n=55) and toxicity caused by the previous antibiotic therapy (14.1%, n=9).

Dosage was: 1500 mg single dose (79.8%, n=51), 1500 mg on days 0 and 15 (11.0%, n=7), 1500 mg on day 0 and 500 mg on day 15 (3.2%, n=2), 1000 mg on day 0 and 500 mg on day 7 (1.5%, n=1), 1500 mg every 15 days: 3 times (1.5%, n=1), 4 times (1.5%, n=1) and 7 times (1.5%, n=1).

The first doses were administered during hospitalisation and the following doses, if required, in the outpatient setting. Length of hospital stay was reduced to 18.9±10.7 days/patient.

A total of 92.2% of patients (n=59) presented clinical and microbiological resolution of the infection at the end of treatment. However, five patients were readmitted for treatment of the same infection during the follow-up period. Serious adverse effects related to dalbavancin were not reported.

Conclusion and relevance In most of our patients, dalbavancin was used off-label. Our results suggest that dalbavancin is a safe and effective alternative in the treatment of gram positive infections. Its dosage facilitates an early discharge and outpatient management of these patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-027 ANTIBIOTIC THERAPY REASSESSMENT AND ITS DOCUMENTATION: CAN VIRTUAL TOOLS IMPROVE PRACTICES?

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Background and importance Documentation of 48–72 hour antibiotic therapy reassessment is one of the evaluation criteria of good antibiotic use in health facilities. This item is only found in 30–50% of patient medical records in the literature.

Aim and objectives To assess the documentation at 72 hours of reassessment of antibiotic therapy in the medical records and to assess the impact of antibiotic awareness with virtual tools.

Material and methods A first audit of the 48–72 hour antibiotherapy reassessment documentation was carried out. A total of 200 patient records were drawn randomly from 10 units. Following the results, several corrective actions were conducted. Results were presented to units, followed by a free discussion with prescribers. Then, an e-learning module was developed and validated by the local antibiotic commission.

This module contained 3 clinical cases and 13 questions emphasising reassessment and its documentation. A pop-up alert in the prescribing software was created for each

antibiotic and a reminder of the 48–72 hour reassessment in the medical record. After corrective actions, a second audit was carried out to assess the effects of these actions.

Results In the first audit, 59% (n=118/200) of antibiotic reassessments were documented in the medical records. After the 5 month intervention, this rate increased to 74% (n=148/200) ($p<0.05$). Eight of the 10 units got feedback on their results by presenting in their unit. A total of 137 physicians did the e-learning module and global satisfaction was 8/10. Among them, 88% appreciated the online format and would like to receive other similar formats. The antibiotic de-escalated rate did not change significantly between the periods. However, antibiotic therapies without de-escalation at 72 hours were recorded more often ($p<0.05$). Amoxicillin-ac clavulanic (AMC) was the most prescribed drug, but was also documented the least in the patient medical records (31.3%). After corrective actions, documentation of reassessment of AMC increased to 63%

Conclusion and relevance E-learning and physician awareness allowed a significant increase in documentation of antibiotic reassessment between the two reporting periods. However, improvement in practice must be coupled with long term awareness to obtain a sustained impact on actions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-028 EXPERIENCE OF CEFTAROLINE USE IN A THIRD LEVEL HOSPITAL

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Background and importance Ceftaroline is approved for treating complicated skin and skin structure infections (cSSSI), and community acquired pneumonia (CAP). However, there is growing evidence that other severe methicillin resistant staphylococcal infections could be treated with ceftaroline.

Aim and objectives To evaluate the use of ceftaroline in a tertiary hospital in Spain, as well as its effectiveness and safety.

Material and methods A retrospective observational study including all patients treated with ceftaroline in our hospital (November 2017–September 2019) was carried out. Demographic, clinical and safety variables were collected. Effectiveness was assessed by the clinical and microbiological resolution of the infection, and the absence of hospital admissions for the same infection after receiving ceftaroline.

Results Thirty patients received treatment (76.7% men, n=23). All patients were adults except one. Mean age of the adults was 68.4.1±17.6 years (the paediatric patient was 3 months old).

The most common indication for ceftaroline was bacteraemia (60.7%, n=20): 8 were due to cSSSI, in 8 its origin was unknown, 2 were due to CAP and 2 were due to catheter associated infections. The other indications were endocarditis (13.2%, n=4), cSSSI (10%, n=3), hospital acquired pneumonia (6.7%, n=2) and osteomyelitis (3.2%, n=1). Infections were caused by *Staphylococcus aureus* (93.2%, n=28) and *Staphylococcus epidermidis* (n=2). In 76.7% (n=23) of cases the infections were caused by methicillin resistant microorganisms.

Dosage was: 600 mg/8 hours (63.2%, n=19), 400 mg/8 hours (20%, n=6), 600 mg/12 hours (6.7%, n=2), 600 mg/6 hours (3.2%, n=1), 200 mg/12 hours (3.2%,n=1) and in the paediatric patient 8 mg/kg/8 hours. Median duration of treatment was 11.7 (5.2–14.7) days.

A total of 76.7% of patients (n=23) presented clinical and microbiological resolution of the infection. However, four patients were readmitted for treatment of the same infection during the follow-up period.

Serious adverse effects related to ceftaroline were reported in one patient: it was necessary to withdraw treatment because of severe thrombopenia, with a platelet count of 84×1000/μL (previously 149×1000/μL).

Conclusion and relevance In most of our patients, ceftaroline was used in infections caused by methicillin resistant microorganisms although there were some 'off-label' indications. Our results suggest that ceftaroline is safe and effective in severe methicillin resistant infections with few treatment options due to multiresistance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-029 PRELIMINARY RESULTS OF AN ANTIMICROBIAL STEWARDSHIP PROGRAMME IN AN ONCOLOGY DEPARTMENT

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Background and importance Misuse of antibiotics has been related to the emergence of multidrug resistant microorganisms which are related to worse outcome in infected patients. Antimicrobial stewardship programmes (ASPs) have been shown to improve antimicrobial use.

Aim and objectives To describe the characteristics of antimicrobial prescriptions and analyse the impact of a specific ASP implemented in an oncology department.

Abstract 4CPS-029 Table 1

	Pre-intervention (n=62) (n (%))	Post-intervention (n=73) (n (%))
Men	38 (31)	44 (60)
Age (years) (mean±SD)	62.18±11.5	63.78±10
Clinical syndrome		
Respiratory focus	15 (24)	16 (21)
Urinary focus	11 (18)	5 (7)
Unknown focus	10 (16)	8 (11)
Intra-abdominal focus	8 (13)	8 (11)
Febrile neutropenia	5 (8)	16 (22)
Antimicrobials		
Piperacillin/tazobactam	16 (26)	22 (30)
Amoxicillin/clavulanic	12 (19)	14 (19)
Ceftriaxone	8 (12)	13 (18)
Levofloxacin	6 (10)	4 (5)
Fluconazole	5 (8)	2 (3)
Adherence to guidelines	32 (51)	43 (59)