According to the PTC's recommendations: 26/51 (51%) patients with NYHA III and 20% (10/51) NYHA II grade. The median of NT-proBNP was of 2,396 pg/ml (247–49, 280), 31/51 (61%) patients had NT-proBNP levels registered in the electronic clinical record (ECR), 3/31 (10%) patients had NT-proBNP <640 pg/ml: the average of LVEF was 31% ±8%, 39/51 (76%) patients had LVEF levels registered in ERC, 8/51 (16%) patients had LVEF >35%. Ninety per cent of patients received ACE or ARB and 57% (29/51) received both BB and mineralcorticoid antagonists. Just 27/51 (53%) of patients were well-treated with standard care therapy (ACE/ARBs, BB and mineralcorticoid antagonists). Two per cent (1/51) of patients had GFR <30 ml/min. After the study period, 82% (42/51) of patients continued treatment with SV and patients were followed by primary care physicians.

Conclusion The results show a low adherence of prescriptions with SV according to the PTC's recommendations. The recording of the variables NT-proBNP and LVEF in the ECR could be improved.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

6ER-006 EFFECTS OF STATINS USE ON CLINICAL OUTCOMES IN PATIENTS ADMITTED WITH COMMUNITY-ACQUIRED PNEUMONIA

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Background Statins have shown some beneficial impact on patients with community-acquired pneumonia (CAP). This is mainly attributed to their pleiotropic effects, which include anti-inflammatory, anti-oxidative and immunomodulatory regulation.

Purpose The purpose of this study was to evaluate the effect of statins on patients admitted with CAP by assessing C-reactive protein (CRP) levels on the first and third day of hospitalisation and the length of hospital stay (LOS).

Material and methods A cross-sectional study was conducted over 12 months in a tertiary care university-affiliated medical centre. Inclusion criteria included adult patients admitted for CAP who had at least two CRP levels ordered at various days during hospitalisation. The response to antibiotic therapy was evaluated by observing a decrease in CRP level and LOS between the two studied groups. The study was performed in accordance with the Declaration of Helsinki and its later amendments and was approved by the institutional review board.

Results One-hundred and fifty-one patients were included in this study: 90 were statin users and 61 were non-users. Based on a two-tailed Pearson Chi^2 test, statin users had significantly more comorbid conditions such as diabetes, dyslipidaemia, hypertension and renal insufficiency, and both groups had similar percentages of congestive heart failure, chronic obstructive pulmonary disease, asthma and gastro-esophageal reflux. The severity of pneumonia (using CURB-65 criteria) was comparable between the two groups (using Pearson Chi^2 test). Based on a Sig 2-tailed independent sample test, no statistical significance was shown when comparing CRP levels of statin users to non-users. On day one, the mean CRP in statin users and non-users were 17.48 and 16.45 respectively (p=0.65). On day three, the mean CRP decreased in both groups: 6.34 in statin users versus 6.51 in statin non-users (p=0.858). Similarly, the length of hospital stay was not positively impacted by the use of a statin: the mean was 8.4 days for those who were on a statin versus 8.8 days for those who were not on a statin (p=0.298).

Conclusion In this cross-sectional study, patients who were admitted with CAP and receiving statins did not show any difference in clinical outcomes measured by CRP levels and LOS, as compared to statin non-users.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Not applicable.

No conflict of interest.

6ER-007 OFF-LABEL USE OF DALBAVANCIN IN GRAM-POSITIVE INFECTIONS: EFFECTIVENESS, SAFETY AND COST IN CLINICAL PRACTICE

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Background Dalbavancin (DAL) has recently been approved to treat complicated skin and soft tissue infections. It enables treatments with a single IV administration, so it is a highly attractive option in other infections that requires long-term treatment.

Purpose To provide information on the effectiveness and safety of DAL in off-label indications under clinical practice, and its impact on reduction of length of hospital stay and hospital costs.

Material and methods Study design: prospective cohort study.

Inclusion criteria: all adult patients who received at least one dose of DAL between 1 January 2018 and 31 August 2018 in a tertiary hospital in Spain.

Effectiveness was assessed by clinical success (resolution of signs and symptoms related to bacterial infections without microbiological evidence of infection during the follow-up period). Safety was evaluated by the incidence of adverse drug events (ADE). Cost was estimated taking into account the cost of the antibiotic therapy, the cost of hospital stay and the cost of nursing visits.

Follow-up: at least 1 month after DAL therapy was discontinued.

Results A total of 19 patients received DAL for an off-label indication during the study period (60.9% males; median age 59 years). All patients received DAL as targeted therapy. The most common indications were: endocarditis (n=6), bacteraemia (n=6), osteomyelitis (n=2), espondilodiscitis (n=2), other endovascular infections (n=2) and pneumonia (n=1). These infections were mainly caused by *Staphylococcus aureus* (10 isolates), coagulase-negative *staphylococci* (six isolates) and *Enterococcus spp* (three isolates).

All patients received previous antibiotics for a median of 19 days. DAL was administered for a median of 39 days (range 15–150 days), and concomitant antimicrobial therapy was prescribed to 10 patients (53%). The administration of