Results The study included 61 patients (55.7% female) receiving vancomycin (n=39) or gentamicin (n=22) with mean age of 65.9±19.5 years and mean Cr of 0.7±0.5 mg/mL. The main diagnosis was urinary tract (18.0%) or osteoarticular (14.8%) infection; 104 analytical determinations were conducted (69.2% vancomycin, 30.8% gentamicin); and 57.6% of Pcs were outside the therapeutic range. Pls were: PI-1 (42.3%), PI-2 (53.8%) and PI-3 (3.8%). The reasons for vancomycin versus gentamicin suspension were: ‘clinical/microbiological recovery’ (66.6 vs. 31.8%); ‘therapeutic failure’ (2.6 vs. 0.0%); ‘de-escalation’ (7.7 vs. 22.7%); ‘sequential therapy’ (17.9 vs. 40.9%); ‘severe toxicity’ (0.0 vs. 4.5%); or death (5.2 vs. 0.0%). We observed nephrotoxicity in 2.6% of vancomycin-treated patients and 9.0% of gentamicin-treated patients.

Conclusion The pharmacist adds value to antimicrobial optimisation. Dose or interval modification (PI-2) was the most frequent intervention, increasing treatment effectiveness in a large number of patients and minimising as far as possible the risk of nephrotoxicity.

REFERENCE AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-046  PHARMACEUTICAL INTERVENTIONS IN ANTIMICROBIAL TREATMENT IN A 150-BED HOSPITAL

R Gámez Pérez, 1LE Lozo León, 2M Lorente Gallsteo, 1L Jiménez Pichardo, 1A Alcala Soto, 1C Puivecino Moreno, 1A Varas Pérez, 1V Sánchez-Matamoros Piazza. Hospital Universitario Jerez de La Frontera, Pharmacy Service, Jerez de La Frontera Cádiz, Spain; 2Hospital San Juan Grande, Pharmacy Service, Jerez De La Frontera Cádiz, Spain

Background The correct use of antimicrobial treatment is necessary to ensure their effectiveness, the control of resistance and to avoid the occurrence of adverse reactions.

Purpose To analyse the pharmaceutical interventions (PI) in antimicrobial treatment and quantify the degree of their acceptance.

Material and methods Descriptive and retrospective study in a 150-bed hospital was made. PI on antimicrobial treatments were analysed over a period of 16 months (December 2016 – March 2018). The collected data were: age, antimicrobial treatment, type of PI and degree of acceptance of the PI. The reasons for PI were classified into: inadequate dosage, dose adjustment due to renal insufficiency, drug change after antibiogram, therapeutic duplicity, suspension of treatment due to inadequate duration and change of route of administration. The degree of acceptance of the PI was detected based on the medical prescription modifications according to the recommendations. The pharmaceutical recommendations were made through the daily evolutions in the patient’s history in the Ticares computer program.

Results Two-hundred and forty-four PI were carried out in 132 patients (1.84 PI per patient). The average age of the patients was 79 years (53% women). The PI, according to classification were: 160 (65.6%) PI due to changes in the antimicrobial administration route (92 were accepted, 57.5%); 70 (28.7%) PI due to suspension of treatment due to inadequate duration (44 were accepted, 62.9%); seven (2.9%) PI for dose adjustment due to renal failure (three were accepted, 42.9%); three (1.2%) PI due to therapeutic duplicity (100% accepted); three (1.2%) PI due to inadequate posology (two were accepted, 66.7%); and one (0.4%) PI due to antimicrobial change after antibiogram (the patient was discharged and it could not be confirmed if there was a change in the prescription). Regarding the degree of acceptance, 144 (59%) IP were accepted and 60 (37.29%) IP were not accepted.

Conclusion More than half of the pharmaceutical interventions resulted in a change in the medical prescription according to the recommendation. The pharmaceutical validation adds safety to the hospitalisation process and represents an improvement in the quality of care.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.