4CPS-048 QUALITY OF THE EMPIRIC ANTIBIOTIC TREATMENT IN COMMUNITY-ACQUIRED PNEUMONIA

S Conde*, MD Belles, C Raga, M Tripiana, T Cebolla, M Juan, R Ferrando. Hospital General Universitario de Castellón, Hospital Pharmacy, Castellón, Spain

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Background Due to the increasing threat of antibiotic resistance it is highly important to fit the antibiotic therapy to the infectious disease and the most prevalent microorganism responsible for it.

Purpose Analyse the empirical antibiotic prescription (EAP) profile of the patients with community-acquired pneumonia (CAP) who required hospital admission depending on the clinical unit.

Material and methods A retrospective observational study was performed during March 2018 in which the EAP of the patients with CAP who were admitted to the internal medicine (IM) or pneumology (NEM) unit were monitored.

Age, sex, medical unit, comorbidities (chronic obstructive pulmonary disease, bronchiectasis, diabetes, nephropathy, heart failure), hospitalisation in the previous 30 days, C reactive protein and procalcitonin were registered. The FINE score was calculated to assess disease gravity. EAP was recorded.

Patients were stratified according to the medical unit and EAP was evaluated based on the agreement with clinical guidelines.

Quantitative variables are expressed as median and interquartile range and qualitative variables as percentages. The chi-squared test was performed (SPSSv.15).

Results A total of 45 patients were included. Sixty-seven per cent were admitted in the NEM unit (30/45) and 33% in the IM unit (15/45). Sixty-three per cent and 40% of the patients were admitted in the NEM and IM units were women and median age was 73 (65–80) and 86 (78–91) years’ old, respectively.

According to the FINE score, 57% of the NEM unit patients showed high risk and 30% medium risk. In the IM unit, 93% showed high risk.

Dual therapy based on ceftriaxone plus levofloxacin was the most frequent EAP in the NEM unit (43%), followed by levofloxacin (23%). However, in the IM unit levofloxacin (47%) was the most usual EAP followed by ceftriaxone plus levofloxacin (20%).

EAP in the NEM unit agreed with clinical guidelines and patient’s condition in 50% of cases, while in the IM unit it agreed in the 80% of prescriptions (p=0.053).

Conclusion Empirical antibiotic treatment in community-acquired pneumonia is variable depending on the medical unit.

Although internal medicine patients showed greater severity of illness, dual therapy based on ceftriaxone and levofloxacin was prescribed in fewer rates than in the pneumology unit.

Thus, it is necessary to carry out educational activities to optimise empirical antibiotic therapy in community-acquired pneumonia.

REFERENCES AND/OR ACKNOWLEDGEMENTS


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