total of isolates x100). The results were presented using the mean and standard deviation (SD) for quantitative data (P-values were determined using Student's *t*-test) and as percentages for qualitative variables (P-values were determined using the Chi-square test). Statistical tests were carried out at the 5% significance level. Data was performed in SPSS. The DDD/1000 patient days were calculated following the methodology of the Anatomical Therapeutic Chemical (ATC)/DDD system 2014.

Results The results show a significant reduction in the consumption of meropenem (90.53 (SD: 26.12) vs 24.96 (SD: 8.80), $p<0.001$) and imipenem (6.55 (SD: 2.75) vs 2.34 (SD: 1.34); $p<0.001$) in the intervention period. It is important to note that the carbapenem used in most cases is meropenem, being less frequent than the prescription of imipenem in our field of study. It has also been shown in this period a significant decrease in the resistance of three of the four microorganisms studied: *Klebsiella pneumoniae* (46% vs 38%, $p=0.009$), *Acinetobacter baumannii* (63% vs 32%, $p<0.001$) and *Enterobacteriaceae* (18% vs 13%, $p<0.001$), especially accentuated in the case of *Acinetobacter*. Not so in the case of *Pseudomonas aeruginosa* (17% vs 15%, $p=0.422$).

Conclusion The antimicrobial stewardship programme, aimed at optimising the prescription of antimicrobial drugs, has proven to be an effective and durable tool in combating increasing bacterial resistance and, at the same time, it has helped reduce the consumption of antimicrobials.

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No conflict of interest.

4CPS-063 IMPACT OF PHARMACEUTICAL CARE IN THE RATIONAL USE OF DAPTOMYCIN

B Martín Cruz*, M Mañes Sevilla, B Santiago Gallego, B Bertrán de Lis Bartalomé, B Rubio Cebrían, E Maroto García, EP Gomez Caballero, I Soto Baselga, J Solis Olivares, MI Bernias Domínguez, C Moriel Sanchez. *Hospital Universitario de Mostoles, Hospital Pharmacy, Madrid, Spain*

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Background The use of empiric antibiotics more selective than broad-spectrum antibiotics is very frequent, which entails increased resistance in our environment.

Purpose To evaluate the use of daptomycin in patients with suspected infection in complicated skin and soft-tissue infections (IPPBc), infectious endocarditis (EID) by meticillin resistant staphylococcus aureus (MRSA) or bacteremia by MRSA associated with EID or IPPBc.

Material and methods Prospective longitudinal intervention study. We collected data from patients with suspected IPPBc, EID or bacteremia with prescription of daptomycin who started the treatment with daptomycin between November 2017 and September 2018. Variables: age, sex, doses and days of treatment, use, antibiogram and treatment with statins (presenting risk of creatine kinase elevation and rhabdomyolysis). Data were collected using the Farmatools program, electronic prescribing and patient history Selene. The pharmaceutical interventions were performed for the improper use of daptomycin and interactions with statins.

Results Eighty-two patients were included (51.22% women, median age: 66.56). Doses of daptomycin: 4–10 mg/kg/day; average of treatment: 10.26 days. Justification of prescribing daptomycin: IPPBc (35.38%), EID (12.20%), bacteremia (51.23%) or others (1.19%). In 67 patients (81.71%) were empirical use, in 14 patients (17.10%) with indication by MRSA and without indication (Espondilicistitis) in one patient (1.19%). In 97.56%, the antibiogram was performed which revealed that 77.5% had no indication of daptomycin. Forty-seven patients changed to another more sensitive antibiotic, whereas 15 patients continued with daptomycin. Twenty patients had concomitant treatment with statins. Thirty-eight pharmaceutical interventions were made: 17 for no indication of daptomycin and 21 for interaction with statins. Of the total, 57.89% were accepted by the doctor (18.18% for no indication, 81.82% for interaction with statins). During the study, 47 patients suspended treatment with daptomycin and 35 patients continued with them (20 with indication, 15 without indication).

Conclusion In most cases, daptomycin was prescribed for empirical use, but the treatment was suspended after the antibiogram. Pharmaceutical interventions have helped to improve the use of daptomycin and contributed to reducing the risk of resistance in our environment. Furthermore, it is important to know the pharmacological interactions when establishing an antibiotic treatment to avoid the occurrence of adverse reactions.

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4CPS-064 EVALUATION OF BROAD-SPECTRUM BETA-LACTAM PRESCRIPTIONS (EXCEPT CARBAPENEMS) IN THE MILITARY HOSPITAL OF INSTRUCTION MOHAMMED V RABAT

¹Y Moutaouakkil*, ²Y Tadmou, ²Y Atbib, ¹B Adouani, ²A Bennana, ¹Y Cherrah, ²J Lamsaouri, ¹Y Bousliman. *Pharmacy Pole-Military Hospital of Instruction Mohammed V- Faculty of Medicine and Pharmacy- Rabat, Morocco; Pharmacy Pole-Military Hospital of Instruction Mohammed V Rabat, Department of Pharmacy Clinic- University Mohammed V- Faculty of Medicine and Pharmacy- Rabat, Morocco*

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Background The prescription of antibiotics has become one of the most critical acts in hospitals.¹ This is related to the risk of misuse of these drugs and its impact on the development of bacterial resistance and antibiotic inefficiency.

Purpose We aimed to assess broad-spectrum beta-lactam prescriptions (except carbapenems) and the impact of controlled dispensing, antimicrobial management team and antibiotic treatment reassessment in 48–72 hours.

Material and methods This is a descriptive study, which took place on a given day in all hospital units and analysed curative antibiotic broad-spectrum beta-lactam prescriptions. The assessment focused on indication, dosing, combinations, reevaluation in 48–72 hours and treatment duration.

Results One-hundred and three prescriptions were identified: amoxicillin (9.70%, n=10), amoxicillin-clavulanic acid (43.69%, n=45), ceftriaxone (33%, n=34), piperacillin-tazobactam (3.88%, n=4), Cefazidime (7.76%, n=8), and Cefepime (1.94%, n=2). The compliance of the indication, dosage, combinations and re-evaluation at 48–