DALBAVANCIN OFF-LABEL USE: EFFECTIVENESS AND SAFETY

M Arrieta*, JM Caro-Teller, S Ortiz-Pérez, C Rosas-Espinzoa, MD Canales-Siguero, F Martinez De La Torre, JM Ferran-Piquero. Hospital Universitario 12 De Octubre, Pharmacy, Madrid, Spain

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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
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EXPERIENCE OF CEFTAROLINE USE IN A THIRD LEVEL HOSPITAL

D Canales*, JM Caro Teller, F Martínez De La Torre, M Arieta Loitegui, C Rosas, S Ortiz Pérez, JM Ferradi Piquero. Hospital 12 De Octubre, Servicio De Farmacia, Madrid, Spain

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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±17.6 years (the paediatric patient was 3 months old).

The most common indication for ceftaroline was bacteremia (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 cather 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) 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 ceftraroline 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, ceftraroline was used in infections caused by methicillin resistant microorganisms although there were some ‘off-label’ indications. Our results suggest that ceftraroline is safe and effective in severe methicillin resistant infections with few treatment options due to multiresistance.

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4CPS-029 PRELIMINARY RESULTS OF AN antimicrobial STewardship PROGRAMme IN AN oncology DEPARTMENT

1C Castillo-Martin*, 1A Martinez-Suarez, 2P Retamar-Gentil, 1S Sandoval-Fernandez Del Castillo, 1M Murillo-Izquierdo. 1Hospital Universitario Virgen Macarena, Pharmacy, Seville, Spain; 2Hospital Universitario Virgen Macarena, Infectious Diseases, Seville, Spain

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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.