The data collected included patient demographics, diagnosis and antimicrobial prescribed (dose, route, duration), appropriateness of the prescription, recommendations made and its rate of acceptance.

Results Sixty-four patients were included: 65.6% men, mean age 70.2 (SD 17.4) years, 4.6% allergic to beta-lactams and 17.2% from a nursing home. The most common diagnoses were community acquired pneumonia (17.2%), respiratory tract infections (15.6%) and urinary tract infections (15.6%); 84.4% of patients were hospitalised. The empirical antifungals most prescribed were meropenem (28.1%), levofloxacin (17.2%) and amoxicillin–clavulanic (15.6%).

In 84.4%, patients were asked for cultures before starting antibiotic therapy. Inappropriate prescriptions according to the protocol accounted for 48.4%. Of these, 45% were excessive (either on spectrum or dose), 32% were insufficient and 22% were given to patients that had no infection.

We made 80 recommendations: 41.0% to continue treatment, 18.6% to discontinue treatment, 18.6% to decrease the spectrum, 13.8% to increase the spectrum, 5.0% to change to a different agent, 18.6% to decrease the posology and administration route, 18.6% to decrease the duration of treatment, 18.6% to discontinue treatment, 18.6% to increase the posology, 5.0% to change to a different administration route, 5.0% to change to a different posology and administration route, 5.0% to change to a different posology.

Conclusion and relevance Even though a high ratio of prescriptions were considered inappropriate, a large percentage of the recommendations were accepted, which shows that our intervention was well received by the clinical staff. This could be explained by the involvement of a multidisciplinary group and direct interaction with physicians. Such an educational approach might be highly effective in improving future antibiotic prescriptions in the ED.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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PROPER USE OF ANTIFUNGALS: IMPLEMENTATION OF OPERATIONAL MULTIDISCIPLINARY TEAMS DEDICATED TO ANTIFUNGALS

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Background and importance Isavuconazole (ISA) is an authorised antifungal for the treatment of invasive fungal infection (IFI) by Aspergillus in adult patients in which amphotericin B is not appropriate.

Aim and objectives To assess the conditions of use and effectiveness of ISA versus voriconazole (VORI) compared with the SECURE pivotal study in a third level hospital, and describe adverse events in the ISA group.

Material and methods An observational, retrospective study was conducted between September 2018 and September 2019. Variables collected were sex, age, type of infection, causative fungus, duration of treatment and immunosuppressive treatment. Clinical response (CR), considered as resolution of symptoms and no need for subsequent antifungals, was used to evaluate the effectiveness of ISA and VORI. For safety, adverse events (AEs) were recorded. Data compilation was carried out through assisted electronic prescription and electronic medical history. Comparison of proportions was made using the χ² test (R-commander).

Results During the study period, 32 patients were analysed (10 ISA vs 22 VORI). Median age was 54.5 versus 66.5 years (IR 46.25–60; 58–77.5) and the percentage of men was 90% versus 68%.

IFI tested by cultures occurred in 60% versus 54% of patients. Fungal species detected were (number): Aspergillus fumigatus (2 vs 8), A flavus (2 vs 0), A niger (1 vs 0), A terreus (0 vs 2), A sydowii (0 vs 1), Candida lusitaniae (1 vs 0) and Lichtheimia (1 vs 0). The rest were diagnosed as probable IFI (positive galactomannan ag test or CT image).

Median duration of treatment was 49 versus 15 days (IR: 14.25–73.5; 11–44.5). CR was achieved in 3 patients (30%) with ISA versus 10 (45%) with VORI (p=0.4093). The AEs registered for ISA were liver disorders (n=3), phlebitis (n=1), diarrhoea (n=1) and grade 2 cytopenias (n=1). Dose adjustment was required in three patients due to interaction with immunosuppressants.

Conclusion and relevance Among our three population, ISA was a relatively effective and safe alternative, without relevant differences compared with VORI in terms of effectiveness, according to the SECURE pivotal study. A larger sample size would be necessary to verify these data.

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No conflict of interest.