

6ER-023 STUDY OF THE USE OF CEFTAZIDIMA-AVIBACTAM IN A THIRD-LEVEL UNIVERSITY HOSPITAL

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Background and importance Ceftazidima-avibactam is a recently commercialised antibiotic recommended for the treatment of infections caused by Gram-negative aerobic microorganisms, some of which have lately developed resistance to many antibacterials. Its importance in the current clinical practice stems from the fact that it can be used in patients with limited therapeutic options where other antibacterials are ineffective.

Aim and objectives To evaluate the clinical indications and causal microorganisms for which ceftazidima-avibactam was prescribed in a third-level hospital and to assess whether resolution of the infection was achieved.

Material and methods Observational, descriptive and retrospective study of all the patients that have received antibiotic treatment with ceftazidima-avibactam from July 2017 to April 2021.

To evaluate the indications and resolution, the medical history of the patients was reviewed. The laboratory database was also checked to identify the causal microorganisms. Variables studied were: patient demographics, prescribing units, isolated microorganism, diagnosis and motive of suspension.

Results Sixty-six patients were included in this study (62% men), with a median age of 63 (16–86) years. Twenty-eight of these patients were hospitalised in intensive care units (42%), 7 in Haematology (11%), 6 in General Surgery (9%), 6 in Vascular Surgery (9%) and the remaining patients in other different units (29%). During the period of study, 9 patients died (14%).

The main causal agents isolated were *Klebsiella pneumoniae* producing extended-spectrum β -lactamase (ESBL) and carbapenemase in 19 patients (29%), *Pseudomonas aeruginosa* in 19 (29%, multiresistant in 16) and *Enterobacter cloacae* complex ESBL and carbapenemase in 12 (18%).

The infections for which the treatment has mainly been prescribed are bacteraemia in 23 patients (35%), surgical wound infection in 13 (20%), urinary tract infection in 10 (15%), intra-abdominal infection in 6 (9%) and pneumonia in 6 (9%).

Clinical resolution has been accomplished in 28 patients (42%) and microbiological resolution in 8 (12%). In 20 patients (30%), treatment has been suspended for de-escalation to a narrower-spectrum antibiotic. One patient (1.5%) was moved to another hospital, thus tracking was lost.

Conclusion and relevance Ceftazidima-avibactam achieved resolution of the infection in most patients. It was satisfactorily used to treat infections caused by resistant Gram-negative agents for which there were no other available options.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-024 POTENTIALLY DRUG-RELATED PROBLEMS IN A POLYMEDICATED POPULATION

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Background and importance Poly medication is becoming a growing problem nowadays in the general population. Drugs offer huge benefits treating acute and chronic conditions, but the more drugs are prescribed, the more potentially drug-related problems (PDRP) are found. Duplicities, prescription cascades, low therapeutical value drugs (LTVD), QT prolongation and anticholinergic potency are some of the main drug-related problems. Identifying target population with these problems can be a step forward to make pharmacological deprescription or modifications.

Aim and objectives The objective of this study was to investigate and quantify whether there are drug-related problems in a polimedicated population that belongs to a secondary level hospital as the first step of a pharmacist-led treatment revision.

Material and methods An observational transversal study in a hospital influence area of 450 000 inhabitants was done. Poly medication was defined as more than 15 prescribed drugs per patient. Sociodemographic and treatment data to quantify drug-related problems was extracted from digital clinical records. Excel (v. 2016) was used to process the data. Notes: duplicities were listed by comparing ATC level 5 (drug) and 4 (chemical subgroup); LTVD listed in local health-system documents; QT-prolonging drugs listed at CredibleMeds.

Results At September 2021, 2258 patients were found to be polymedicated. 1456 patients were female (64.5%). Median age was 75 (range 21–98) years. Drug-related problems found are listed in Table 1.

Abstract 6ER-024 Table 1 Drug-related problems found in the study population

Drug-related problem	Total (n)	Mean per patient (\pm 95% CI)
Duplicities	2270	1.005 (\pm 0.056)
Cascades	371	0.164 (\pm 0.056)
Low therapeutic value drugs	1295	0.574 (\pm 0.037)
QT-prolonging drugs	685	0.305 (\pm 0.041)
Anticholinergic drugs	897	0.397 (\pm 0.040)

Conclusion and relevance The results showed a high prevalence of PDRP, duplicities and LTVD being the most listed. This implies a high risk of adverse events or treatment misadequation. From this point with these data, a pharmacist-led revision programme could be a starting point to try to enhance treatment prescriptions.

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