

5PSQ-135 HAS AN ANTIMICROBIAL STEWARDSHIP PROGRAMME HAD AN IMPACT ON THE ANTIBIOTIC CONSUMPTION?

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Background and Importance The increasing use of antimicrobials and the global surge of antimicrobial resistance is a major public health concern.

Antimicrobial Stewardship Programmes (AMSP) are an important security strategy in hospitals because their implementation promotes an optimal use of antimicrobials, improving patient outcomes while decreasing the risk of adverse events as well as antimicrobial resistance.

Aim and Objectives To evaluate if an AMSP had an impact in the overall consumption of antibiotics, measured as number of defined daily doses per 100 stays (DDD/100 s), in an acute care hospital during the first year of implementation.

Material and Methods AMSP started in Araba University Hospital in October 2020.

The AMSP was conducted 3 days per week by a hospital pharmacist and an infectious disease specialist with the possibility of consulting a microbiologist by telephone.

An Antimicrobial Stewardship Programme Support System (AMSPSS) was used to alert of antibiotic prescriptions that need a revision. These alerts were previously designed by the AMSP team.

Antibiotic recommendations were made in the health electronic record or by telephone to the patient responsible doctor. They were registered in the AMSPSS as well.

We retrospectively analysed interventions and measured the global antibiotic consumption as DDD/100s using the pharmacy dispensation registers from January to December 2021.

Results 1206 alerts of the ASPSS were reviewed by the AMSP team and 434 of them (36%) generated prescription recommendations (one or more).

A total of 820 antibiotic recommendations were performed with a global acceptance of 78,3%.

A reduction of 10,6 DDD/100 s was found in 2021 compared to 2020 (58,42 DDD/100 s vs 69,02 DDD/100 s).

Conclusion and Relevance After the implantation of the AMSP, there was a decrease in the antibiotic use in 2021. Although other factors may have also contributed to this reduction, we confirm that a daily AMSP is a useful tool to optimise antimicrobial consumption.

It is necessary to continue with the implementation of the AMSP to guarantee the proper use of antimicrobials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None

Conflict of Interest No conflict of interest

5PSQ-136 ANALYSIS OF ANTIRETROVIRAL THERAPY POTENCY IN HIV- NAÏVE PATIENTS

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Background and Importance Clinical practice guidelines recommend initiation of antiretroviral therapy (ART) as soon as possible after diagnosis of HIV infection with a combination of nucleoside reverse transcriptase inhibitors (NRTI) with integrase inhibitors (INSTI), non-nucleoside NNRTI or protease inhibitors pharmacologically boosted (PI/b).

Aim and Objectives Compare the potency of different combinations of NRTI with NNRTIs, INSTIs or PI/bs.

Material and Methods Retrospective observational study of naive patients diagnosed between January-2012 and June-2022. Variables analysed were age, sex, route of infection, ART, AIDS, viral load (VL) and time to reach undetectable VL (<50 copies/ml).

Data were collected from the electronic medical records (Mambrino XXI[®]) and outpatient dispensing software DPE Farmatools[®].

Statistical analysis was performed using a linear regression method (dependent variable: potency of the combination characterised as the reduction in VL corrected for the time (months) in which undetectable VL is achieved and an analysis of variance (ANOVA) using SPSS[®] v.15.

Results Ninety-six people were diagnosed with HIV infection. Median age: 34 years (RIC 30-43), 78% male. AIDS stage was present in 34%. The most common route of transmission was men sex men (MSM) 53%.

Initiation of ART NRTI combined with INSTI was 73%, NNRTI 7% and IP/b 20%. The mean log VL baseline was 4.63 (SD: 0.93).

The mean VL reduction per month of treatment in patients treated with NRTI + INSTI was 2.45 copies/ml/month, NRTI + PI/b was 1.72 copies/ml/month and NRTI + NNRTI was 1.63 copies/ml/month. The significance of the analysis of variances of the means obtained was 0.112.

Conclusion and Relevance INSTIs potency was higher than the other TAR combinations, although the differences were not significant.

Study heterogeneity in the follow-up times between diagnosis and the date of VL analysis as well as the number of patients treated with NNRTIs, and PI/bs was lower than the INSTIs group may explain the non-significant results.

It would be interesting to extend the sample with a multi-centre study to validate the results obtained.

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