Conclusion and Relevance The use of anti-IL5, benralizumab and mepolizumab, in severe uncontrolled EA patients has shown to be effective and safe on daily life clinical practice, experiencing greater control of asthma.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-134 REAL-WORLD EVIDENCE OF CEFIDEROCOL IN CLINICAL PRACTICE

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Background and Importance Antimicrobial resistance is a serious health threat. In Italy there are 56,600 total cases of resistant infections. Cefiderocol is an antibacterial for systemic use belonging to the class of siderophore cephalosporins. It is indicated for the treatment of serious infections caused by aerobic gram – (g-) organisms in adults with limited therapeutic options.

Aim and Objectives Describe the use of cefiderocol in real clinical practice and compare its effectiveness data with those present in the literature.

Material and Methods A single-centre retrospective observational study was conducted taking into account cefiderocol prescriptions in the period from April-22 to September-23. The data were extrapolated from a computerised personalised prescription system and from a computerised laboratory test data collection system. Personal data (age and sex), etiological agent, antibiogram, average daily dose, duration of therapy, cause of hospitalisation and hospitalisation department were analysed. The effectiveness of the therapy was obtained from the outcome of the microbiological examination at the end of administration.

Results 48 patients were enrolled with an average age of 72.5 years (26–95) of which 62% were male. 96% of patients had a g- infection, of which 35% also showed positivity for gram+ (g+). The most isolated bacterial strains were respectively: Acinetobacter baumanii (87%), Stenotrophomonas maltophilia (17%) and Klebsiella pneumoniae (17%). 69% of patients showed susceptibility to colistin antibiogram testing. On average patients received a daily dose of 4.5g (1–8). The average duration of therapy was 6 days (1–39) with 71% of patients receiving therapy in a period of 5> days <21. 17% of patients received therapy for <5 days and 12% >21 days. The causes of hospitalisation were 71% infections, 13% surgical, 12% organ failure. The greatest number of prescriptions comes from the departments of: infectious diseases (25%), resuscitation (21%) and geriatrics (17%). After cefiderocol administration, 52% of patients tested negative for g- culture.

Conclusion and Relevance Cefiderocol showed effectiveness comparable to that reported in the CREDIBLE-CR and APEKS-NP phase III clinical trials (58.3%).[1] No treatments were suspended due to toxicity. It is useful to evaluate the follow-up of patients particularly those who showed sensitivity to colistin.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-135 EVALUATION AND MANAGEMENT OF CONSTIPATION IN THE CRITICALLY ILL PATIENT

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Background and Importance Constipation (CIN) is a prevalent concern in critically ill patients (CIP) within intensive care units (ICU), potentially exacerbating their condition.

Aim and Objectives Evaluate the management of CIN in CIP, discern its causes and consequences, and propose prophylactic and therapeutic measures.

Material and Methods A descriptive observational study was conducted in a tertiary-level hospital's ICU. Demographic data, medical history, enteral nutrition (EN) type, factors influencing constipation (treatment regimens, clinical status, and devices), stool history in the last week, and interventions were collected through a cross-sectional approach. CIN was defined as 'absence of stool after 3 days from the start of the EN/oral diet'. Sixty-three patients were reviewed, and 20 were excluded. Exclusion criteria: admission less than 3 days and no oral/NE tolerance.

Results Forty-three patients were included, with a mean age of 57±13.4 years and an average stay of 23±16.7 days. 58% suffered CIN. The patients showed a mean of 2.93±2.61 days since the last stool and 3.98±2.13 days without stool in the last 7 days. Mobility grades 0 and 2 were predominant (37.21%; 25.58%), with 81.40% requiring mechanical ventilation; of these, 62.8% suffered CIN. The most prevalent diseases were respiratory (46.51%), septic shock (25.58%), and neurological (23.26%). Opioids (53.49%) were the most common pharmacological treatment; 73% suffered CIN. Non-fibre diets (48.9%) were the most commonly used EN; 57% of these patients suffered CIN. Only 39.5% received a fibre-rich diet, with a 64.7% constipation incidence. Laxatives (25.6%), followed by enemas (16.3%), were the most used. CIN was elevated in both groups (72%; 71%). Prokinetics were used in 13.9% of patients and in combination with laxatives in 6.9%. No intervention was applied to 46.5% of patients, 50% of whom had CIN. Lactulose (50%), followed by magnesium hydroxide (37.5%), were the most commonly used laxatives. The most common enema used was Casen® in 85% of patients.

Conclusion and Relevance This study's implications are significant, highlighting the necessity for vigilant monitoring of CIN-inducing medications in critically ill patients, early implementation of high-fibre diets, and the proactive use of laxatives and prokinetics, possibly in combination. Furthermore, the study underscores the urgency of creating a standardised protocol for CIN prophylaxis and management in ICU settings.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.