



IMPACT OF OBESITY ON VANCOMYCIN PHARMACOKINETIC PARAMETERS IN ADULT PATIENTS

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Background and Importance

Information regarding the impact of obesity on the pharmacokinetics of most drugs is limited. Obesity is associated with physiopathological changes that may affect the pharmacokinetics of vancomycin. Therefore, there is a need for pharmacokinetic models specific to the obese population to optimize dosing schedules in this group of patients.



To determine the differences in pharmacokinetic parameters (PKP) in hospitalized obese patients.



□ Retrospective observational study.

Included: adult patients who had a plasmatic concentration (Cp) of vancomycin between March 2022-August 2023.

Excluded: critically ill patients and those with renal failure.

Variables collected: sex, age, weight, height, body mass index, PKP (volume of distribution (Vc), stade state volume of distribution (Vss), clearance (Cl), half-life (t_{1/2}), peak (Cmax) and through (Cmin) level, start date of vancomycin treatment and sample collection date.

□ Patients were grouped according to BMI: obese (BMI ≥30 kg/m²) and non-obese (BMI <30 kg/m²).
□ Data were analyced by SPSS statistics 21[®]: Qualitative variables were presented by frecuency and quantitative variables by mean ± standard deviation and median (interquartile range). T-student and U-Mann-Whitney were used to compare parametric and non parametric variables.





	Obese group	Non-obese group
Cmin (mg/L)	10±7.7	12 (9-16.7)
Cmax (mg/L)	39.3±28.1	24.7±7.3
Vc (L)	19.8 (19-23.4)*	14.4±2.3*
Vss (L)	74.6±19.8*	49.1±8.8 *
Cl (L/h)	5 ±2.4	4 (3.3-4.6)
t _{1/2} (h)	11.4 (7.5-15.2)	9.6 (8.1-12.1)

*Statistically significant differences (p<0.05)



The volume of distribution (Vc and Vss) in obese patients is higher than in non-obese patients, with significant differences being found. For the rest of pharmacokinetic data, no significant differences were found. It is necessary to carry out studies that allow designing a pharmacokinetic model of vancomycin in obese patients in order to optimize treatment.



J01- ANTIBACTERIALS FOR SYSTEMIC USE

