

Impact of a Antimicrobial Stewardship Teams (ASTs) intervention on antimicrobial use and microorganism isolated in biliary-origin Bacteriemias

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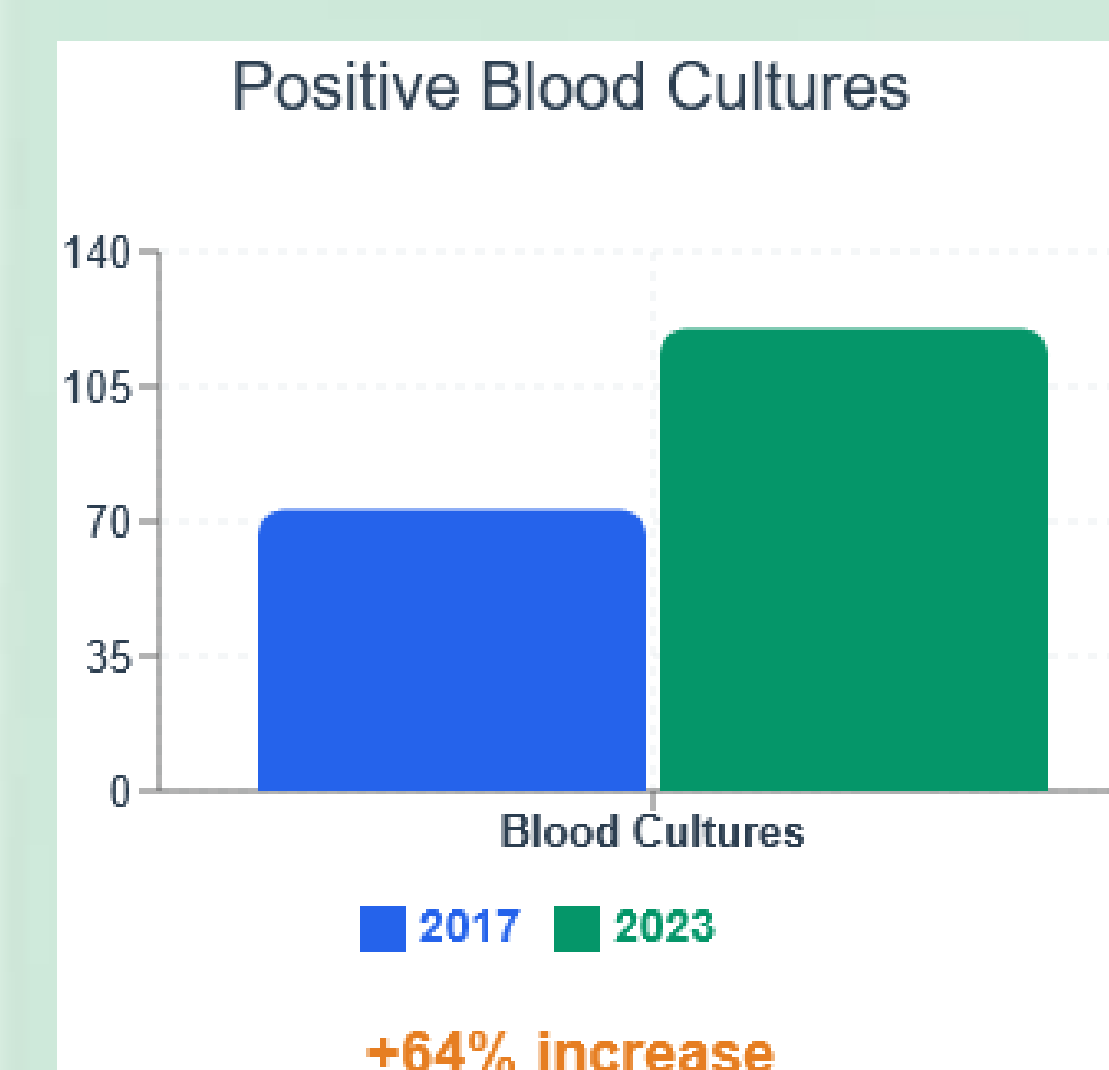
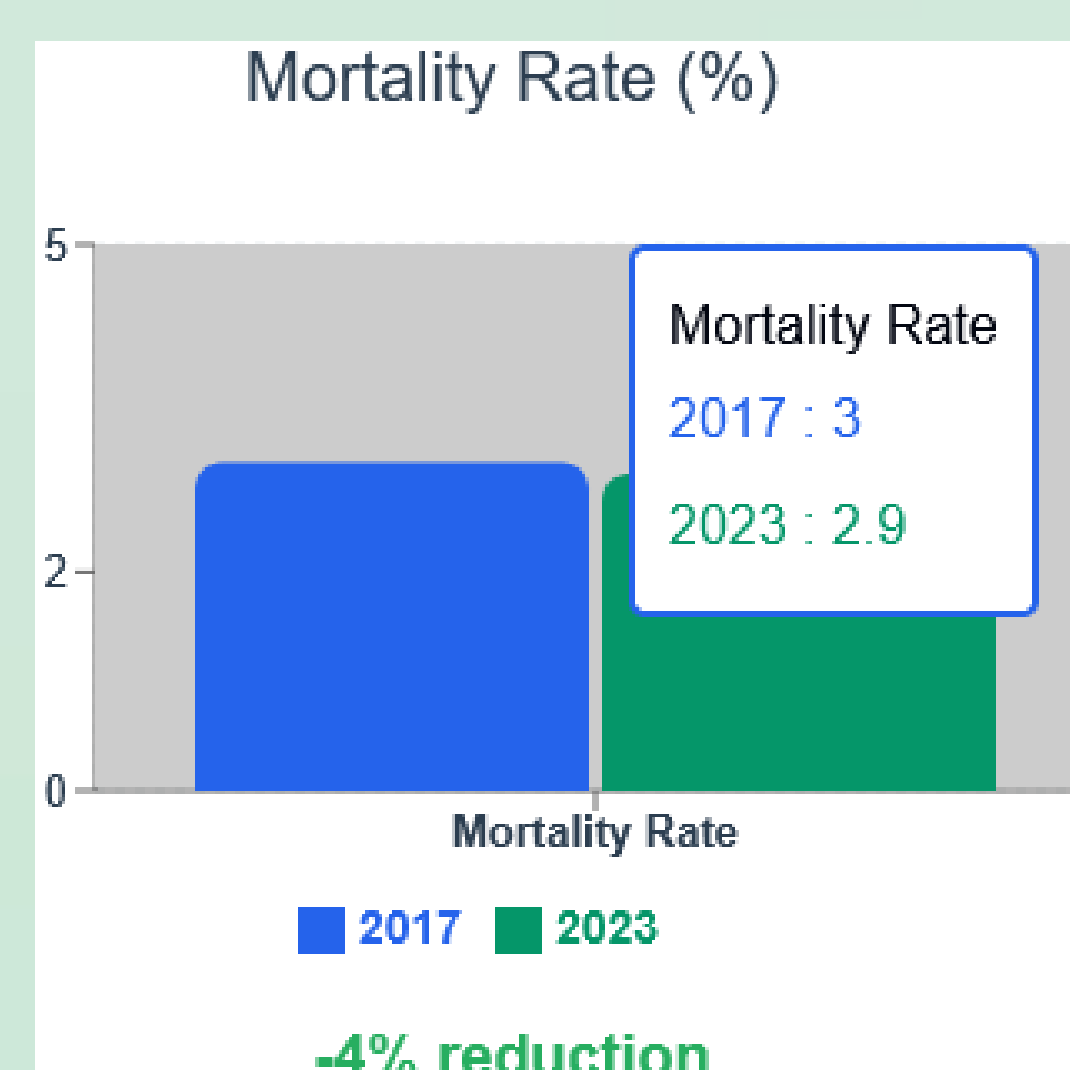
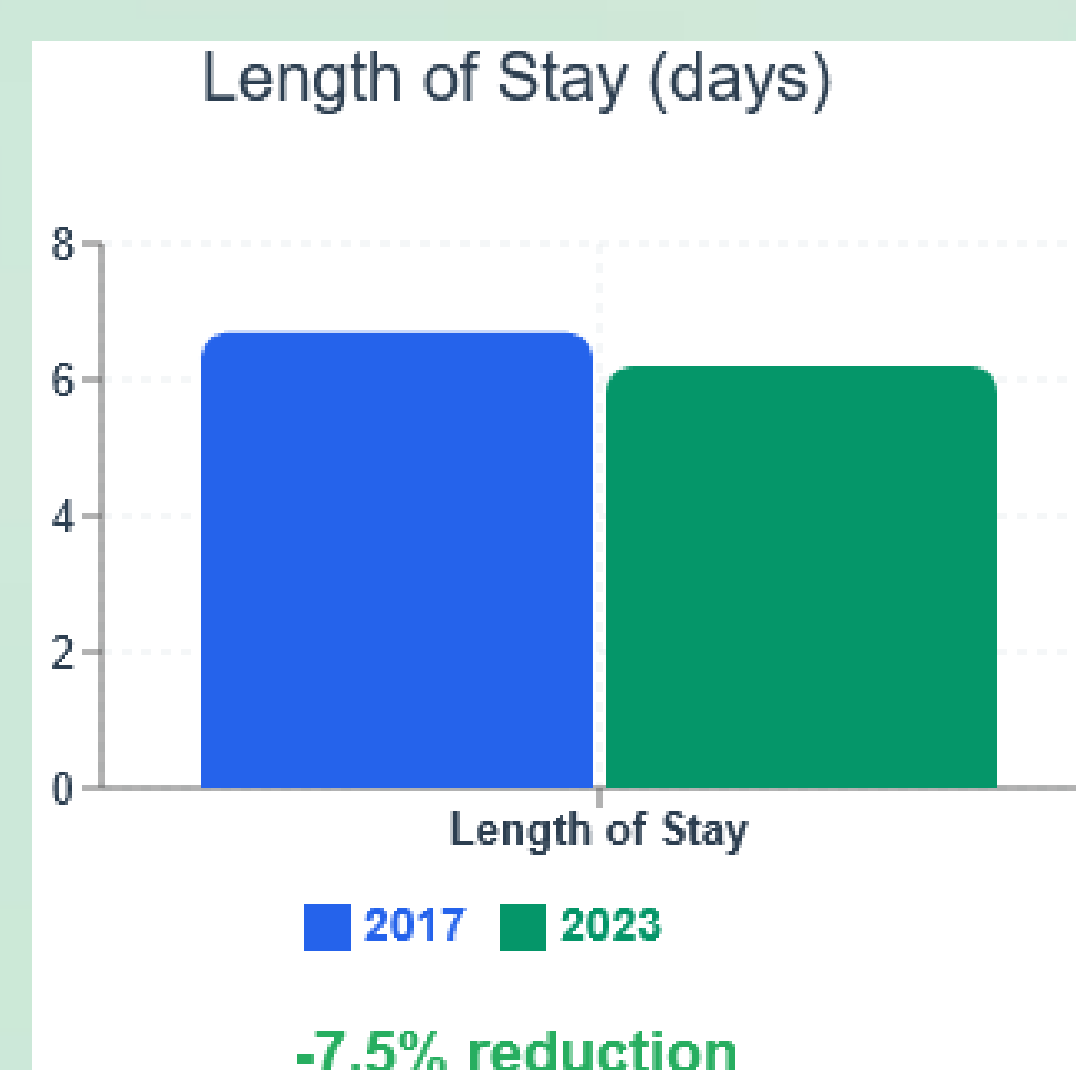
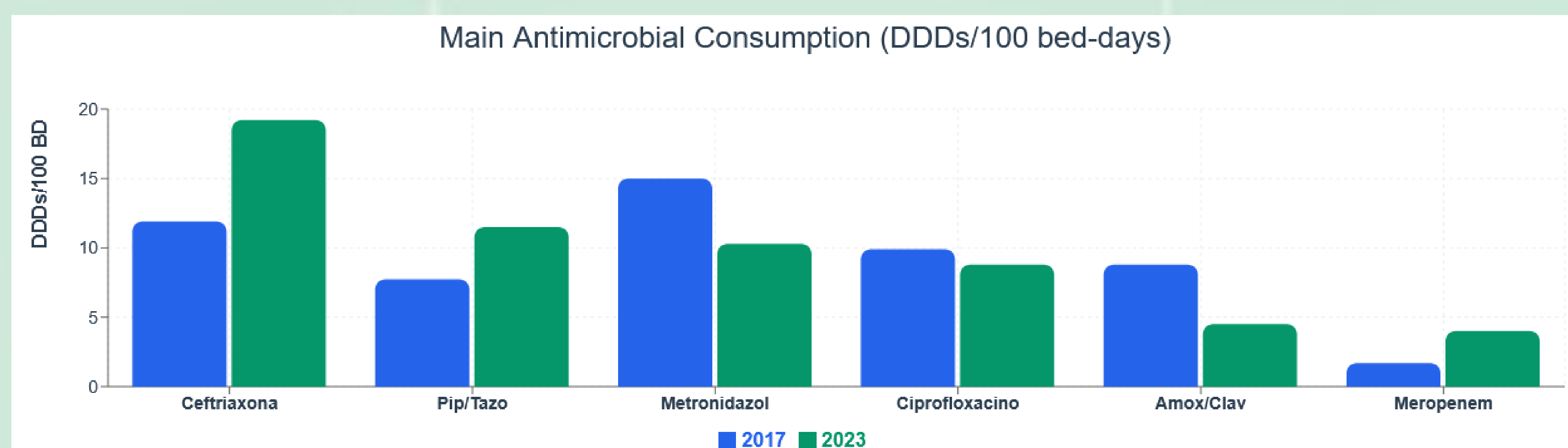
Objetivo

To assess whether the 2016 ASTs (Antimicrobial Stewardship Program) intervention in a Gastroenterology Department continues to impact antimicrobial use patterns in 2023 and resistance profiles of pathogens involved in biliary-origin bacteremias.

Materials and methods

Retrospective observational study including 120 patients with biliary-origin bacteremia (2017–2023). Conducted in a 30-bed Gastroenterology Department of a tertiary public hospital (888 beds; mean length of stay 6.6 days; 70.3% occupancy). Antimicrobial consumption (ATC J01–J04 and metronidazole) was measured as Defined Daily Doses per 100 bed-days (DDD/100BD) according to the WHO ATC/DDD system (2023). Data were obtained from the Pharmacy Management System, Admission Service, and the AST microbiology database.

Results



Conclusion

The 2016 AST intervention maintained stable antimicrobial consumption through 2023, with continued preference for narrow-spectrum antibiotics like Ceftriaxone. Clinical outcomes remained favorable with no negative impact on hospital stay or mortality. Resistance rates stayed low despite increased biliary bacteremias. However, the rise in Piperacillin/Tazobactam and Meropenem use was not justified by resistance patterns. AST programs effectively promote safe antimicrobial use and minimize resistance emergence, but ongoing monitoring is essential for long-term sustainability.

