

IMPLEMENTATION OF A PHARMACOKINETIC/PHARMACODYNAMIC-GUIDE LINEZOLID MONITORING PROTOCOL IN A SECONDARY CARE HOSPITAL

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BACKGROUND AND IMPORTANCE

Linezolid monitoring is crucial to prevent toxicity and optimize efficacy, especially in renal impairment. Implementing a pharmacokinetic protocol ensures standardized, individualized, and safer antibiotic therapy.

AIM AND OBJECTIVES

Analysis of determinations after implementing a protocol for pharmacokinetic/pharmacodynamic (PK/PD) monitoring of linezolid.

MATERIAL AND METHODS



Study design:

- Ambispective study over 9 months (12/01/2024–09/30/2025).
- Included all patients with a request for linezolid plasma level monitoring.



Variables collected:

- Sex and age
- Clinical indication
- Prescribed dosage
- Pharmacotherapeutic adjustments
- PK/PD parameters
- Renal function (Hyperfiltration: eGFR >100 mL/min and Impairment: eGFR <60 mL/min)
- Hepatic function (assessed through transaminases)
- Data sources: Selene® and Servilab®
- Analysis: Microsoft Excel®



Patient selection & evaluation:

Conducted by the pharmacokinetics pharmacist and the AST team.



After obtaining plasma levels:

- Dosing recommendations recorded in the electronic health record.
- PK analyses performed using MwPharm++®

STUDY POPULATION

457 patients treated with linezolid

45 plasma level requests

25 patients included after exclusions (sampling/analytical/pharmacy issues)

PATIENT CHARACTERISTICS

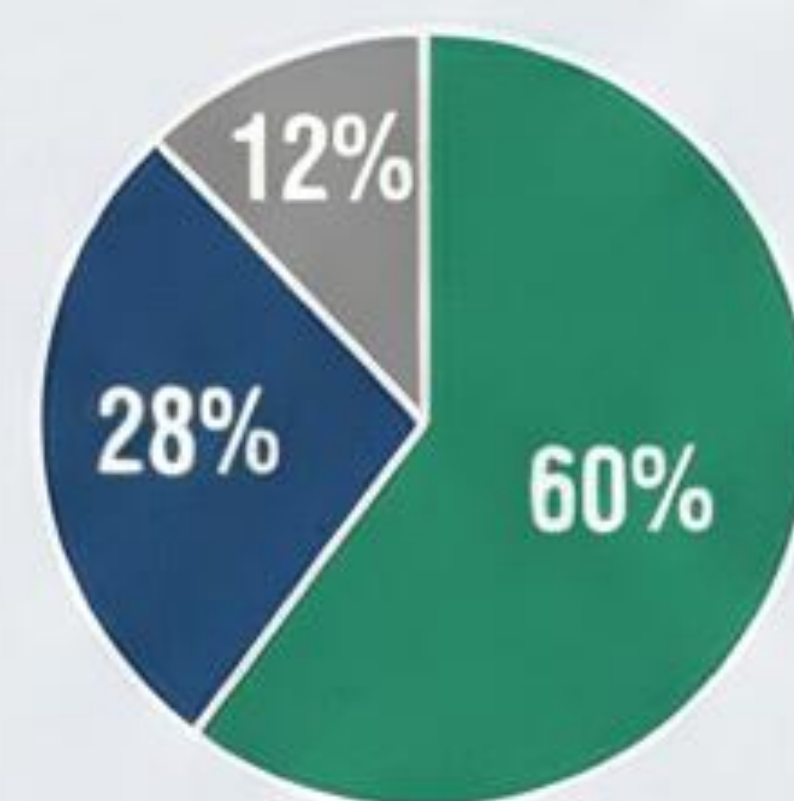


80% men



Mean age: 72.5 years

Infection types:



- Skin & soft tissue: 60%
- Respiratory: 28%
- Urinary: 12%



Directed therapy: 66.6% (Predominantly *Staphylococcus aureus*)



Initial regimen: Linezolid 600 mg / 12 h

CLINICAL STATUS

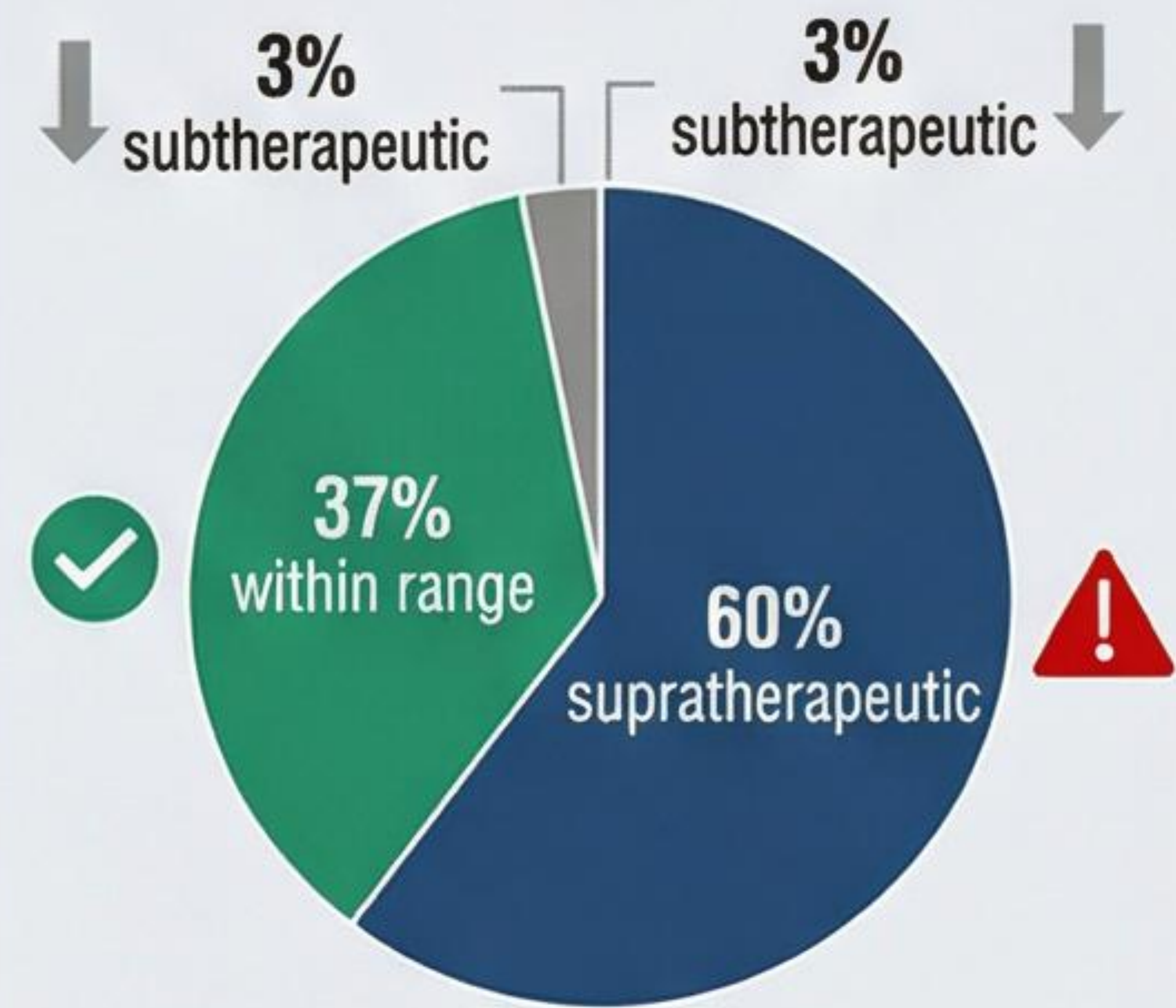
Renal impairment: 76%

Hemodialysis: 8%

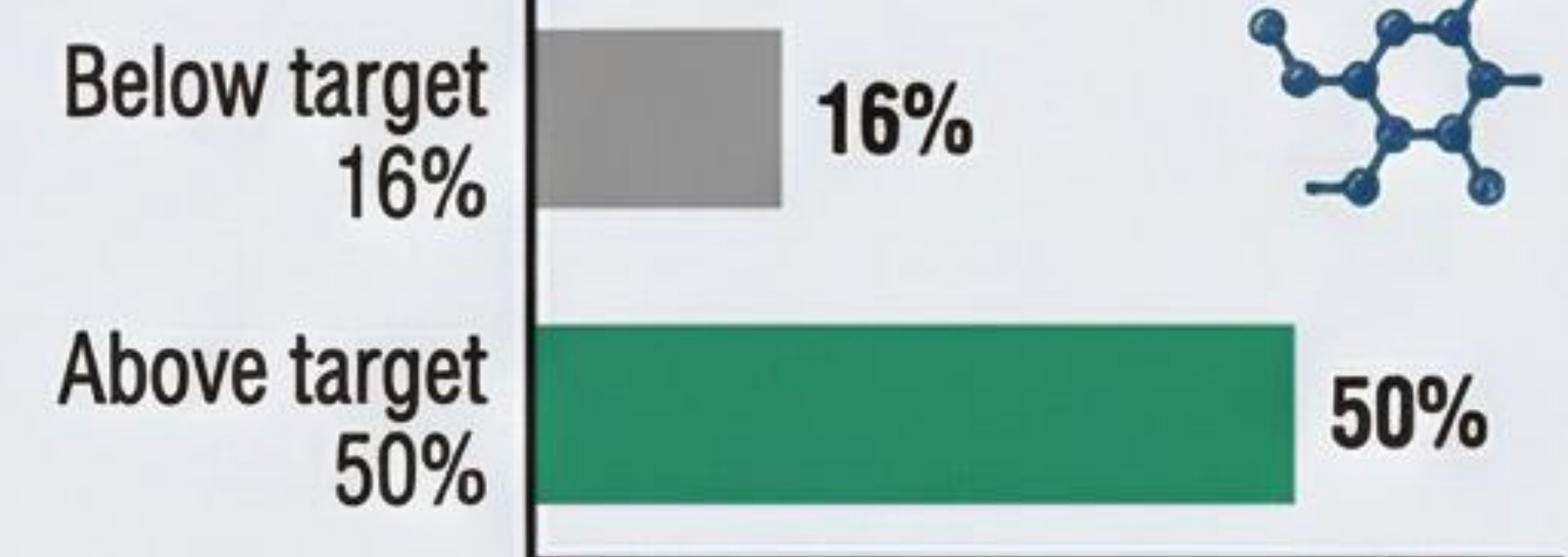
Augmented renal clearance: 8%

Hepatic impairment: 8%

PK/PD FINDINGS



AUC₀₋₂₄/MIC



PHARMACIST INTERVENTIONS



36 total (100% accepted)



50% discontinuation of therapy



33.3% dose reduction → 600 mg every 24 h



16.6% maintained original regimen

CONCLUSION AND RELEVANCE

Linezolid plasma monitoring is essential in hospitalized patients, especially those with renal impairment. The high rate of supratherapeutic levels (63%) reflects reduced clearance in this population.

PK/PD-guided dosing enables individualized therapy, improving antibiotic safety and effectiveness.

