

ATC: JO1- ANTIBACTERIALS FOR SYSTEMIC USES

QUALITY ASSESSMENT OF THE EVIDENCE UNDERPINNING PHARMACIST-IFD ANTIMICROBIAL STFWARDSHIPS INTERVENTIONS

AUTHORS

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AIM & OBJECTIVE

Pharmacist-led antimicrobial stewardships (AMS) interventions are proposed as key strategies to optimise antibiotic use and reduce adverse events, including the selection of antimicrobial resistance. Systematic reviews are at the highest level of the evidence validity hierarchy and provide insight and support policymakers in clinical practice and research, but sometimes the evidence about its quality is limited.



The aim of this study is to evaluate the quality of the systematic reviews measuring the impact of PHARMACIST - LED AMS interventions.



Umbrella review of the systematic reviews on AMS conducted following the PRISMA-P guideline. Protocol registration (Prospero CRD42022333928)

Double independent search by two authors in PubMed, Scopus, Cochrane Library and Google Scholar without language or time restrictions until June 2022.

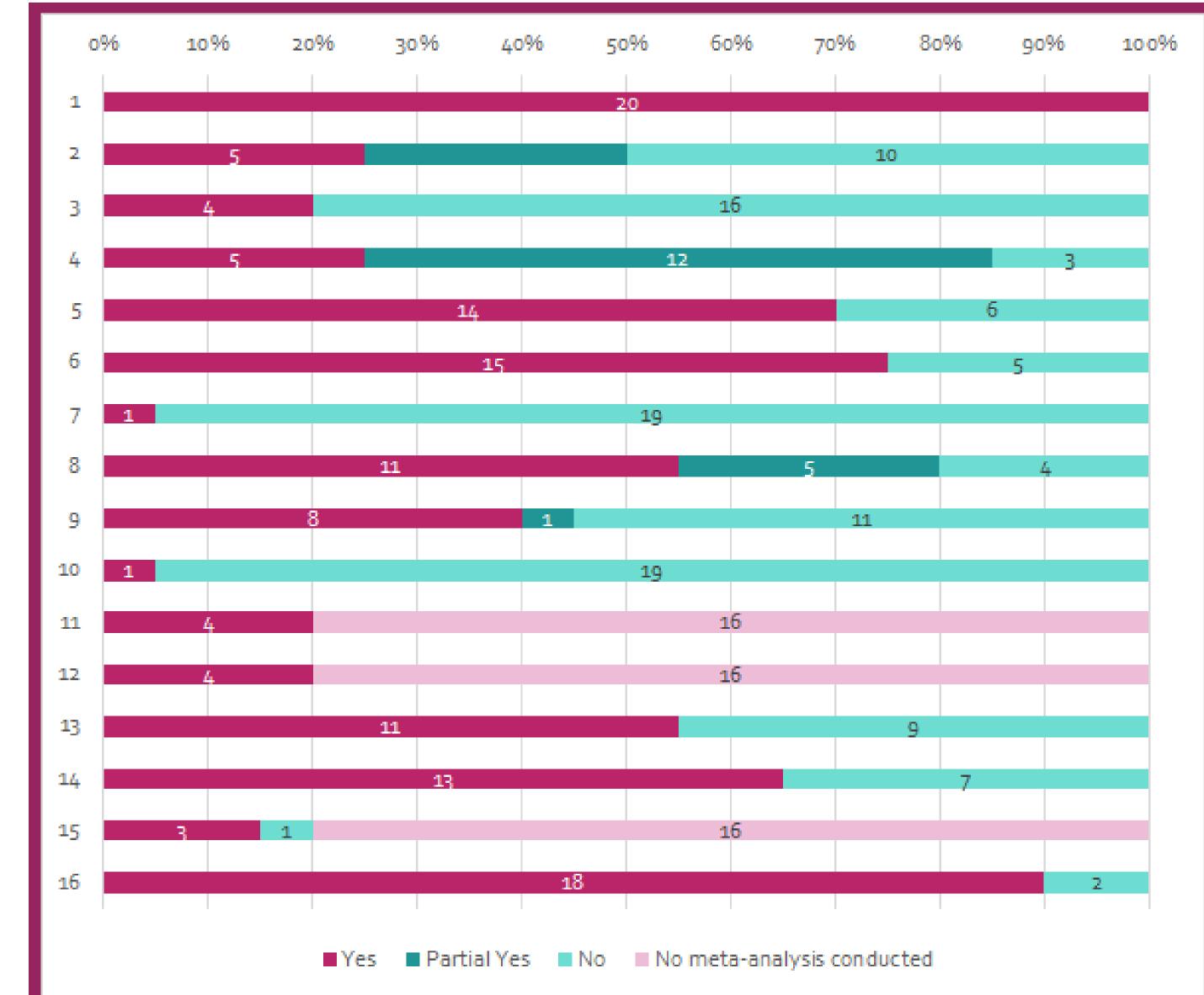
Included: pharmacist-led AMS interventions.

Quality assessment by two authors independently using a modified AMSTAR-2 tool.



1004 citations -> 20 reviews eligible for inclusion: 648 studies. **QUALITIY GRADES**: Critically low: 15 reviews (75%) Low: 4 reviews (20%) High: 1 review (5%)

Most loss-making domains: -Provide a list of excluded studies





The overall quality of the systematic reviews measuring impact the of PHARMACIST - LED AMS interventions is low. There is a need for high level literature covering participation the and implication of

-Measurement of risk of bias

-Explicity state that review methods were preestablished.

KEYWORDS

ANTIMICROBIAL STEWARDSHIP PROGRAMS QUALITY **ANTIMICROBIAL** PHARMACIST



pharmacists in

AMS.

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1) PICO components 2) Prospective registration 3) Selection of the studies for inclusion 4) Literature search strategy 5) Duplicated study selection 6) Duplicated data extraction 7) List of excluded studies and exclusions 8) Integrity issue description

9) Technique for assessing risk of bias 10) Funding of the included studies 11) Statistical combination of results (if MA) 12) Risk of bias incorporated in meta-analysis 13) Risk of bias incorporated in interpretation 14) Heterogeneityexplantion 15) Publication bias and impact (if MA) 16) Conflict of interest