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A REAL-LIFE STUDY OF PHARMACOKINETIC MONITORING: NEPHROTOXIC IMPACT OF AMINOGLYCOSIDES AND VANCOMYCIN

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BACKGROUND AND IMPORTANCE

- Therapeutic drug monitoring (TDM) to achieve the PK/PD target avoiding toxicities.

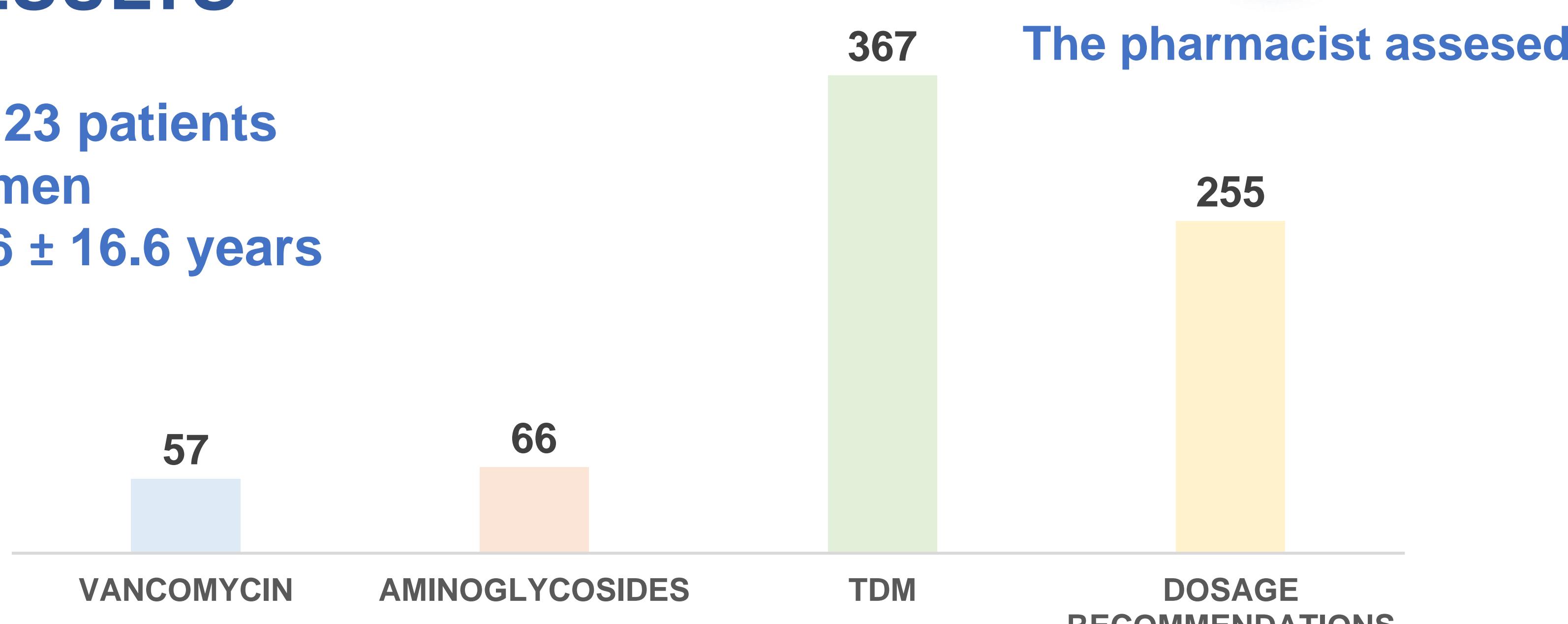
AIM AND OBJETIVES

- To evaluate the impact of renal damage
- Making a proactive TDM
- Tertiary-hospital

VANCOMICIN
AMINOGLYCOSIDES

RESULTS

n=123 patients
81 men
66,6 ± 16,6 years



Nº PATIENTS	BEGINNING OF TREATMENT	END OF TREATMENT
53 (43,1%)	GFR > 90 ml/min	-48 mantained same GFR. -5 patients with nephrotoxicity (9,4%).
34 (27,6%)	GFR 60-89 ml/min	-4 patients with nephrotoxicity (11,8%).
36 (29,3%)	GFR 29-45 ml/min	-7 patients with nephrotoxicity (19,4%).

MATERIAL AND METHODS

- Retrospective observational analysis.
- January -December 2022.
- Variables:
 - ✓ Demographic
 - ✓ Clinical
 - ✓ Hospitalization unit

NEPHROTOXICITY VARIABLES:

- ✓ Shift of (fCr-iCr).
- ✓ Variation of GFR (CKD-EPI 2009).

IMPACT KIDNEY DAMAGE:

- ✓ Increase of serum creatinine above 0.5 mg/dl.
- ✓ ≥50% the initial value.

PHARMACOKINETIC BAYESIAN ESTIMATION

- ✓ PKS-Abbott®.

All patients with TDM:

mean iCr of 1,02 g/dl ($\pm 0,69$).

mean fCr of 1,02 g/dl ($\pm 0,72$).

Patients who aggravated their GFR:

12,3% with VANCOMICIN

15,2% with AMINOGLYCOSIDES

CRITICAL-CARE UNITS

iCr of 0.93 g/dl ($\pm 0,67$).

fCr of 0.98g/dl ($\pm 0,81$).

64 patients

→ 9 (14,1%) patients with renal deteriorating despite TDM.

CONCLUSION AND RELEVANCE

- Patients with a decreased GFR at the baseline showed a higher risk of nephrotoxicity associated to these drugs.
- Kidney damage is more evident in critically-care patients.
- Our sample registered a nephrotoxicity results lower than the ones published (Mañez Sevilla M et al.(2015), by S J van Hal et al.(2013))
- 13 % out of the total worsened their kidney function after vancomycin and aminoglycosides.
- Strategies such as TDM are necessary to optimize doses and avoid harm.
- Necessary to continue collecting data.