ROLE OF THE HOSPITAL PHARMACIST IN OPTIMISING ANTIMICROBIAL USE WITHIN THE ANTIMICROBIAL STEWARSHIP PROGRAM

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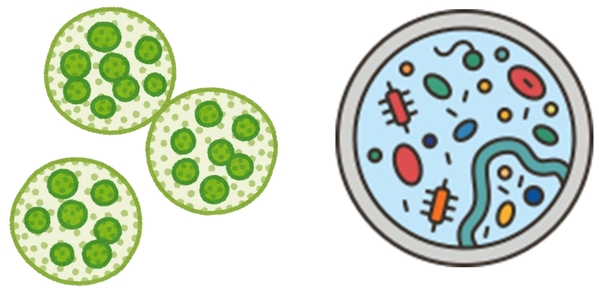
BACKGROUND AND IMPORTANCE

Antimicrobial resistance is a major global health threat in the world. Hospital Pharmacists play a key role in **Antimicrobial Stewardship Programs (ASP)**, promoting the rational use of antimicrobials and improving clinical outcomes. Evaluating the **acceptance** of pharmacist-led interventions is essential to assess their clinical impact and identify opportunities for improvement within multidisciplinary teams.

AIM AND OBJECTIVES

To **analyse** and **evaluate the acceptance rate** of interventions performed by **Hospital Pharmacists** within the Antimicrobial Stewardship Program (**ASP**) during February 2025.



MATERIAL AND METHODS

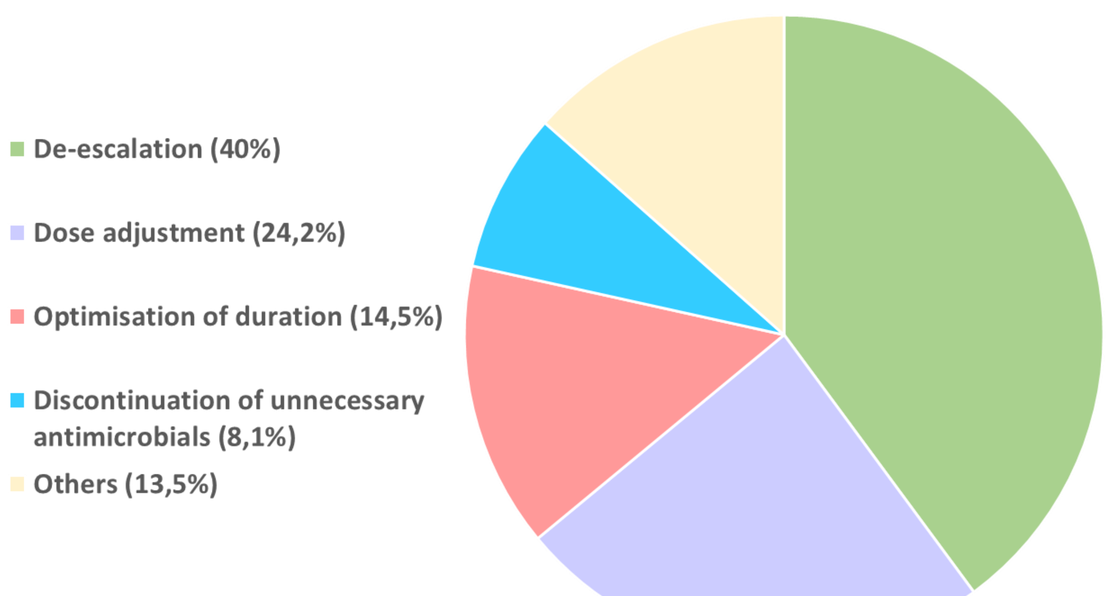
A **retrospective descriptive** study was conducted in a tertiary hospital to assess pharmacist interventions within the ASP team and their acceptance by clinicians. Patients prescribed restricted broad-spectrum antimicrobials (**carbapenems, aztreonam, tigecycline, daptomycin, last-generation cephalosporins, linezolid and echinocandins**) were included.

Two pharmacists reviewed prescriptions daily using the electronic prescribing system, collecting microbiological, analytical and clinical data. Cases were discussed in daily meetings with the infectious disease specialist, based on the hospital's Antimicrobial Guidelines and current literature.

Collected variables included **demographics** (age, sex), **type of therapy** (empirical, targeted or prophylactic), **concomitant antibiotics**, **type of infection**, **intervention** and **acceptance**

RESULTS

- ✓ **N= 97 patients** (61.9% male; mean age 71.8 years).
- ✓ **146 restricted antimicrobials** were reviewed (39.7% Meropenem, 21.2% ertapenem, 6.2% linezolid)
- ✓ 41.9% of prescriptions were **inappropriate** → **69 pharmaceutical interventions**



35 (56.5%) interventions **were accepted**

CONCLUSION AND RELEVANCE

This study highlights the **key role of Hospital Pharmacists in the ASP team**, with over half of pharmacist interventions accepted by clinicians. High acceptance of de-escalation, treatment duration optimisation and antimicrobial discontinuation underscores the pharmacist's contribution to clinical **decision-making and supports** continued reinforcement of stewardship activities to **ensure rational antimicrobial use**.

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