

INHALED COLISTIN AS CHRONIC SUPPRESSOR THERAPY IN PATIENTS WITH BRONCHIECTASIAS WITH NON-CYSTIC FIBROSIS

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INTRODUCTION AND PURPOSE

Non-cystic fibrosis (CF) bronchiectasis (BQ) remains an important cause of chronic respiratory morbidity. Most of the patients with BQ are chronically colonized and infected by a variety of bacterial pathogens. The use of inhaled antibiotics in these patients is an increasingly common practice.

PURPOSE: To describe the use of inhaled colistin in patients with non-cystic fibrosis bronchiectasis.

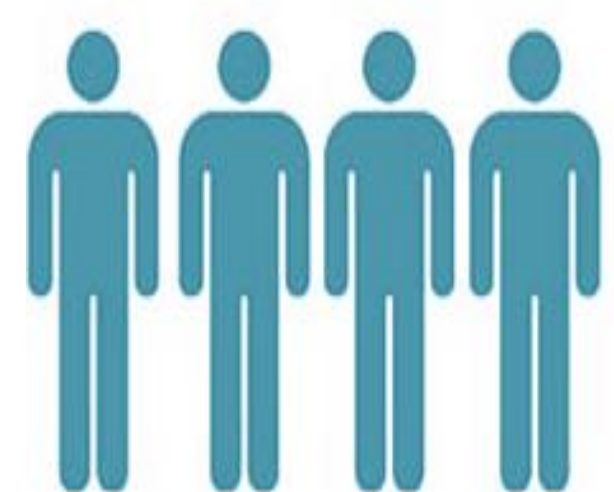
MATERIAL AND METHODS

A retrospective descriptive study of the use of inhaled colistin in adult patients with non-CF BQ. The study included patients who started treatment with inhaled colistin between January 2014 and December 2017. The follow-up of the subjects lasted until April 2018.

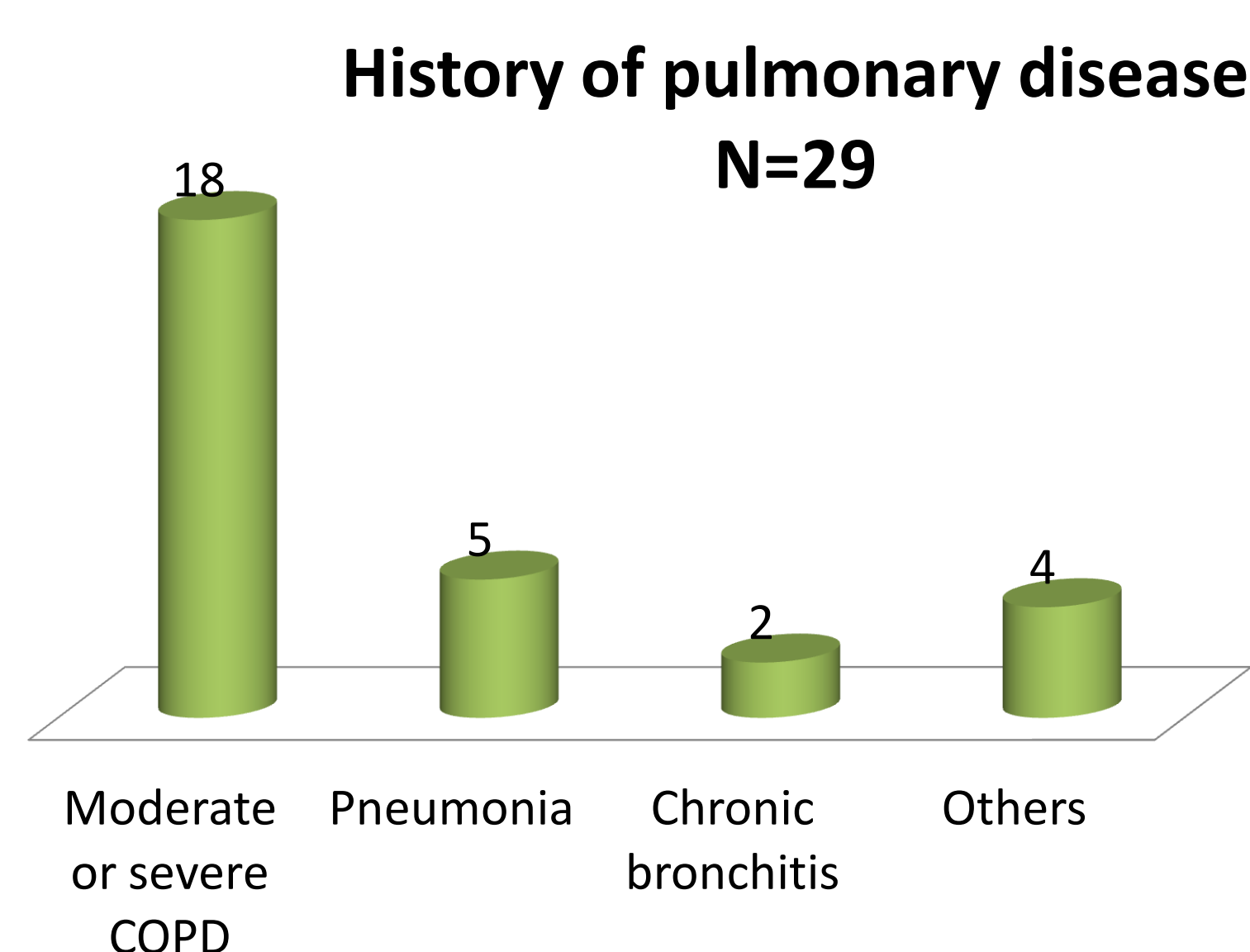
Variables

Demographic	age, gender, respiratory history.
Microbiological	culture at the beginning of treatment, isolated microorganisms and sensitivity.
Regarding the treatment	eradication treatment (yes/no), initial dose, dosage changes or treatment interruption and cause, concomitant antibiotic treatment.
Patients follow-up	Negativization during suppressive therapy, time until culture negativization.

RESULTS



33 patients
24 men and 9 women
Median Age: 77 years [51-90]

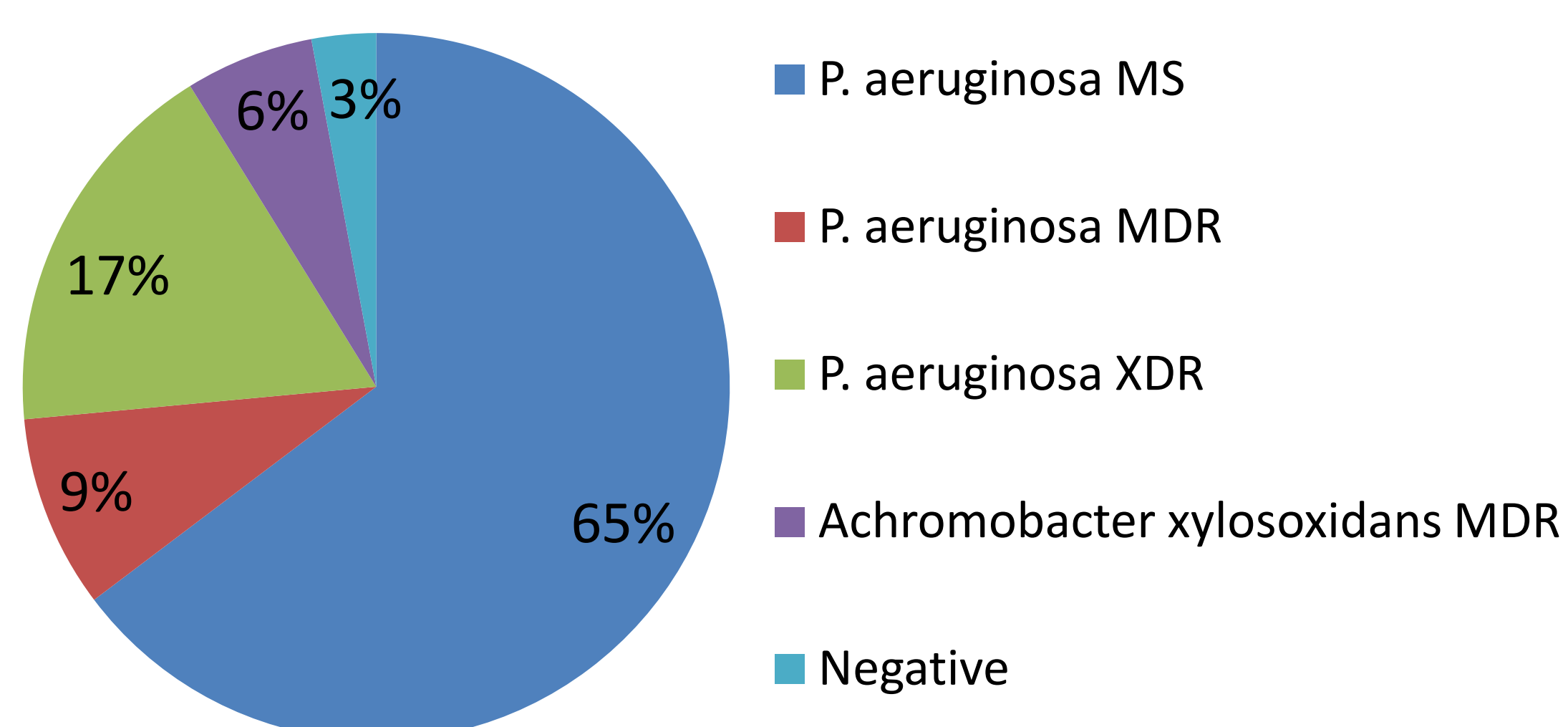


Treatment

- ❖ 15 patients performed eradication treatment, all of them under quinolone treatment with variable duration:
 - Ciprofloxacin (13)
 - Levofloxacin (1)
 - Levofloxacin plus imipenem (1)
- ❖ The most common starting dose was 1 MUI colistin/12h.
- ❖ 9 of 33 patients had concomitant treatment with azithromycin 3 times a week.

- ❖ All patients except 1 started treatment after sputum culture.

Isolated microorganisms



- ❖ The sputum culture of 15 patients became negative during suppressive therapy, with an average time to negativization of 4 months [1-15 months].
- ❖ 12 patients remained on treatment with inhaled colistin despite having negative sputum cultures.

MS: multisensitive; MDR: multidrug-resistant; XDR: extremely drug-resistant; COPD: Chronic Obstructive Pulmonary Disease

Changes during treatment

✓ Maintain the same dose	15
✓ Modify dose	10
To alternate-months (3)	
Increase due to lack of effectiveness (4)	
Change to the inhalation exclusive colistin formulation (3)	
✓ Interrupt treatment	8
Due to adverse events (3)	
Improve symptoms (3)	
Eradication (1)	
Unknown (2)	

CONCLUSION

- A great heterogeneity in the prescription and follow-up of patients on treatment with inhaled colistin was found.
- It is necessary to standardize the use of inhaled colistin in patients with non-cystic fibrosis bronchiectasis in our center. A treatment protocol should be carried out in collaboration with the pneumology department.