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BACKGROUND AND IMPORTANCE

Critically patients sometimes suffer from gastrointestinal disorders which are necessary to treat to improve clinical outcomes. Erythromycin is an antibiotic with prokinetic activity due to its agonist activity on motilin receptors, accelerating gastric emptying.

AIM AND OBJECTIVES

To evaluate the efficacy of intravenous erythromycin as a prokinetic in critically ill hospitalized patients.

MATERIAL AND METHODS

Retrospective observational study (April 2021-March 2022)

Critically ill patients

Software used: Farmasyst® and Orion Clinic®

Variables collected

Sex	Age
Weight	Dosage
Start and end date of treatment	Diagnosis
Concomitant prokinetics	Clinical course

RESULTS

N = 39 patients

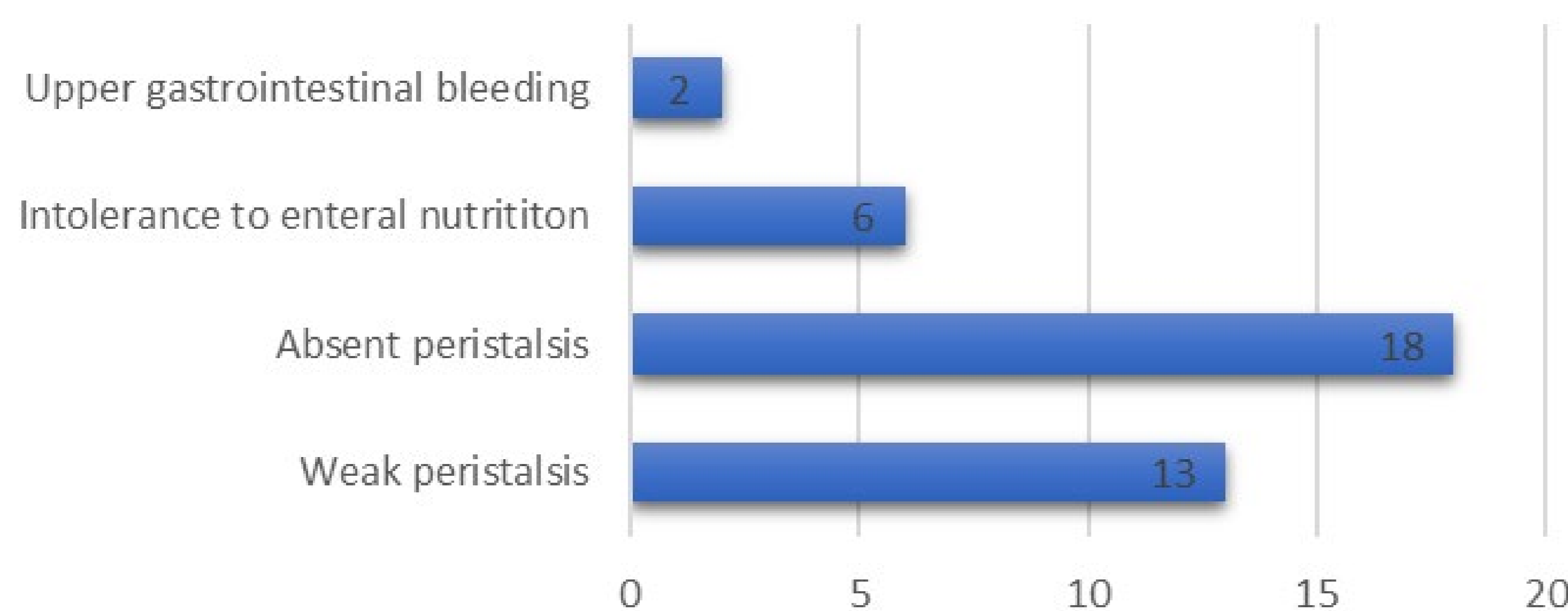
64% men and 36% women
Mean age: 64 years
Average weight: 71 kg
85% in surgical intensive care

Erythromycin 250 miligrams every 8 hours

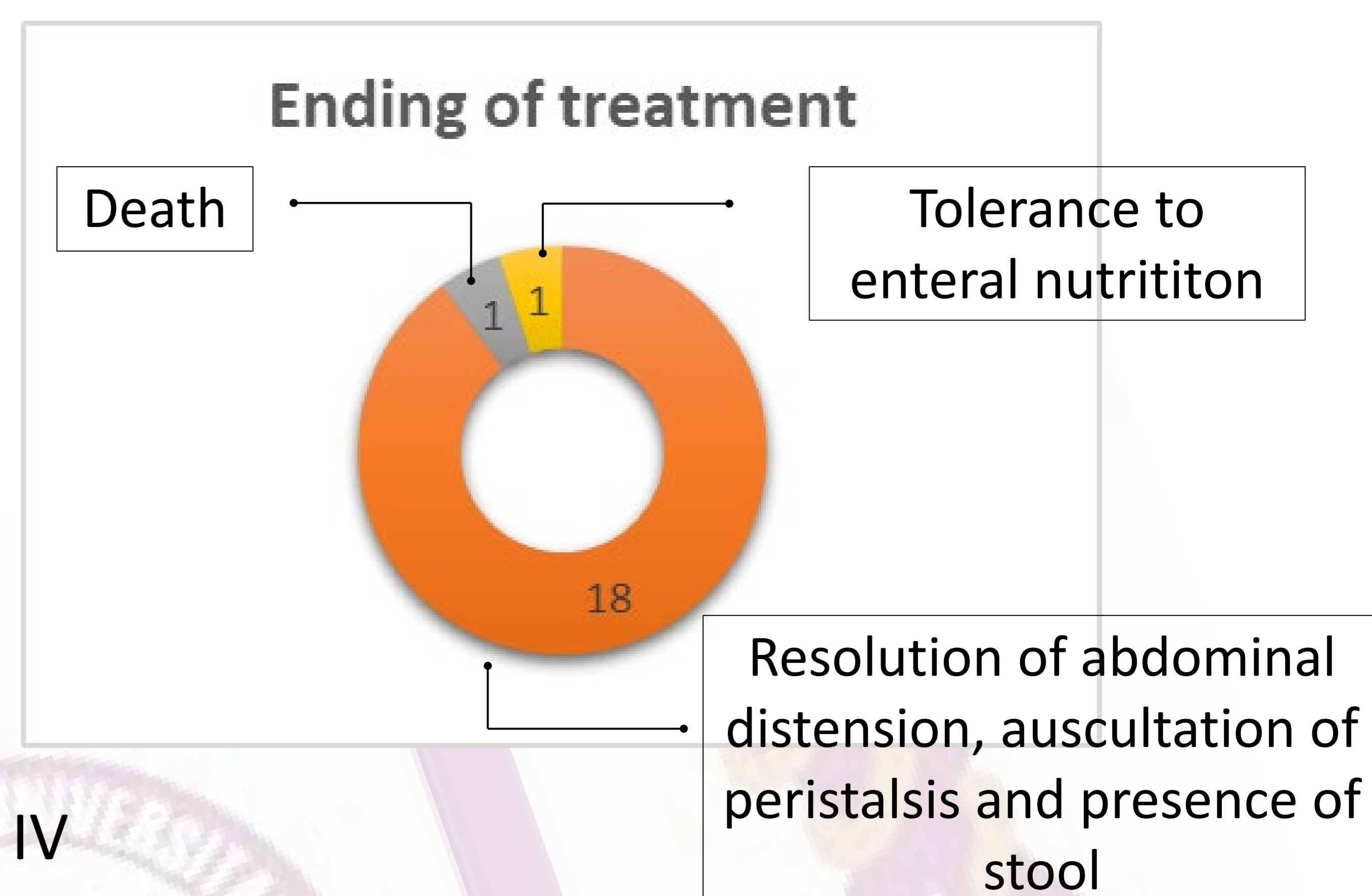


Average of 5 days of treatment

Diagnoses to prescribe erythromycin



Ending of treatment



- 39% had already been prescribed 10mg metoclopramide IV
- 41% was prescribed metoclopramide together with erythromycin

CONCLUSIONS

The use of erythromycin as a prokinetic in the population evaluated has been shown to be effective in improving intestinal motility. There was no difference between groups which were administered metoclopramide or not before or during the treatment with erythromycin. Given the variability observed, in terms of duration, concomitant prokinetics or indication, there is a need to establish a protocol for the use of erythromycin as a prokinetic.

