SECOND GENERATION β-LACTAM/ β-LACTAMASE INHIBITOR COMBINATIONS: **CEFTAZIDIME-AVIBACTAM AND CEFTOLOZANE-TAZOBACTAM: EXPERIENCE OF USE**



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BACKGROUND

Ceftazidime-avibactam and ceftolozane-tazobactam new second generation cephalosporin/ β -lactamase inhibitor combinations. The antimicrobial spectrum of activity includes multidrug-resistant gram-negative bacteria, including Pseudomonas aeruginosa. Ceftazidime-avibactam is also active against carbapenem-resistant Enterobacteriaceae that produce Klebsiella pneumoniae carbapenemases.



AIM AND OBJECTIVES

To evaluate the use of ceftazidime-avibactam and ceftolozane-tazobactam from a spanish general hospital (400 beds).

MATERIAL AND METHODS



Prospective and descriptive study October 2016 to September 2020

Variables collected:

- Demographic: age and sex

The effectiveness was assessed by the clinical and microbiological resolution of the infection

- Clinical: type of infection,	microorganism isolated, duration of treatment,
dose administered, clinica	al service and antibiotic tested in the antibiogram

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Table 1.	Ceftazidime-avibactam	Ceftolozane-tazobactam
Patients (n)	24	16
Demographic variables		
Age (median of years)	68.5 (IQR 63.5-75)	67 (IQR 57.5-73.7)
Sex	58.3% men	56.2% men
Type of infection (%)		
cUTIs	12.5	0
cIAIs	41.7	31.25
CAP and VABP	20.8	37.5
Bacteremia	12.5	25
Others	12.5	6.25
Microorganisms isolated (%)	100	93.75
P.aeruginosa multiresistant	20.8	68.7
K. pneumoniae	70.8	0
E.coli BLEE	4.2	12.5
Others	4.2	12.5
Duration of treatment	11.5	12.5
(median of days)	(IQR 6.5-16.5)	(IQR 8-17.75)

Prescribing clinical services:

- Ceftazidime-avibactam:



Ceftolozane-tazobactam:



ICU
69%

Both antibiotics were susceptible in **75%** of patients. Clinical and microbiological resolution of the infection: 75% ceftazidime-avibactam 70% for ceftolozane-tazobactam

17.5% died during the hospitalization because their clinical situation

CONCLUSIONS

Most common dosage:

- Ceftazidime-avibactam: 2 g every 8 hours.

- Ceftolozane-tazobactam: 1 g every 8 hours.



Both patient populations were demographically similar but the use of ceftazidime-avibactam was more frequent. CIAIs and pneumonias were the most common infections treated. Mostly, ceftazidime-avibactam was used for carbapenemase-producing K. pneumoniae and ceftolozano/tazobactam for P. aeruginosa multiresistant.





ICU and general surgery were the most experienced clinical services.
Both antibiotics were tested in the antibiogram in most of the cases.

REFERENCES

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No conflict of interest



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