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LENGTH OF ANTIMICROBIAL USE AND THE ROLE OF THE PHARMACIST IN AN ACUTE HOSPITAL SETTING

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BACKGROUND

Spain is accounted among the Europe countries with the highest antibiotic use. Different studies have reported suboptimal or even inadequate antibiotic treatments, with intra-hospital rates ranging between 30 and 50%.

PURPOSE

To assess the impact of pharmaceutical intervention in controlling duration of antimicrobial therapy and to evaluate their impact on optimizing the treatment.

METHODS

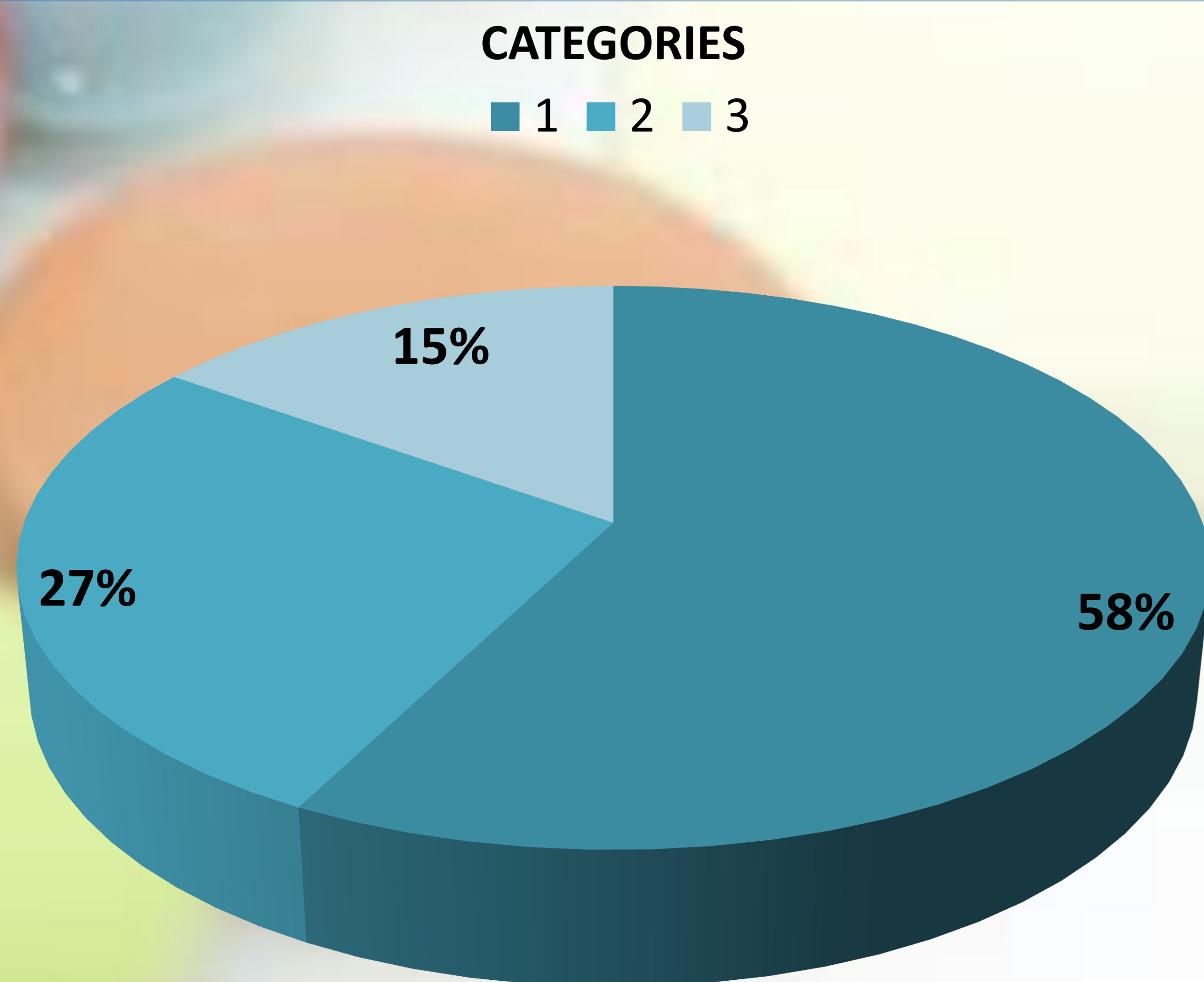
Observational prospective study conducted over 6 months in a large teaching institution in the south of Spain. Patients with 10 days (or longer) ongoing antibiotics courses were reviewed, and then there was a communication with the physician, at which is recommended to assess the need for continue treatment.

Pharmacy interventions:

1. Duration of treatment compliant with the patient's clinical condition and trust guidelines;
2. Duration of treatment not supported by the antibiotic policy, but maintained due to the patient's clinical condition;
3. Duration not appropriate, hence discontinuation of antibiotic therapy as a result of pharmacy contribution.

RESULTS

132 patients on ongoing antibiotic therapy ≥ 10 days were identified



A **reduction in the number of patients on long-term antibiotics** was observed since the commencement of the study (30 patients in March 2014, 21 in April, 20 in May, 21 in June, 19 in August, and 21 in September).

According to their pharmacological class, **β -lactams (particularly imipenem and ceftriaxone)** were the group of antibiotics with the highest number of interventions, followed by quinolones (mainly levofloxacin).

According to the prescriber's specialty, the most involved specialties were **internal medicine, and respiratory medicine.**

CONCLUSIONS

In an acute hospital setting, only 15% of pharmacist interventions on antibiotic duration resulted in discontinuation of the ongoing regimen. Nevertheless, there was a positive trend towards a reduction in the overall antimicrobial duration since the beginning of the study.