

ASSESSMENT OF THE RELEVANCE OF FLUOROQUINOLONE PRESCRIPTIONS IN THE INTERNAL MEDICINE DEPARTMENT AND IMPACT ON ANTIBIOTIC STEWARDSHIP

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INTRODUCTION

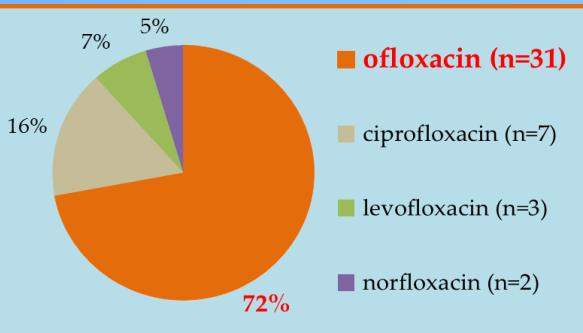
The development of quinolone-resistant strains of *Escherichia coli* and their spreading have become a worrying issue. The FQ available in our hospital are norfloxacin (Nor), ofloxacin (Oflo), ciprofloxacin (Cip), levofloxacin (Levo). Among the FQ, Cip and Levo access is restricted by the hospital formulary. The Antimicrobial MultiDisciplinary Team (AMDT), composed of the pharmacy resident and a clinical microbiologist, daily reviews each prescription before dispensing. In the department of Internal Medicine, our study consisted first, to assess relevance of FQ prescriptions and then, to initiate a thoughtful consideration on non-restricted fluoroquinolones,

METHODS

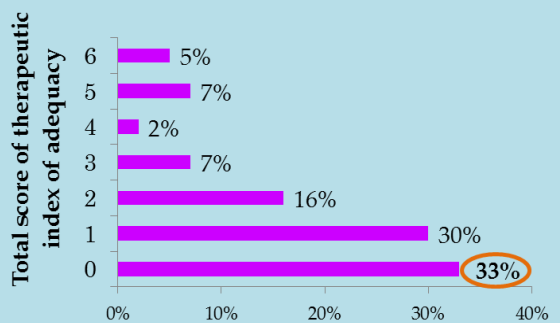
- ✓ During a six-month period, every cases of FQ prescriptions, for acute infections, were analysed by both a pharmacy resident and a bacteriologist according to local guidelines
- ✓ Appropriateness of prescriptions was determined by using a **THERAPEUTIC INDEX OF ADEQUACY** →
- ✓ The score of each item was added to the others to obtain a total score wich reflects the relevance of FQ prescriptions

Attributed Score		
Appropriate = 0	Debatable = 1	Not appropriate =3

RESULTS



Total = 43 prescriptions



Items	Appropriate n (%)	Debatable n (%)	Not appropriate n (%)
Indication of prescribing a FQ	27 (63%)	11 (25%) = 9 ofloxacin 2 ciprofloxacin	5 (12%) = 3 ofloxacin 2 norfloxacin
Indication of the chosen FQ	34 (79%)		9 (21%) = 6 ofloxacin 2 norfloxacin 1 levofloxacin
Dosage adjustment	27 (62%)	12 (28%) = 9 ofloxacin 2 ciprofloxacin 2 levofloxacin	4 (9%) = 2 ofloxacin 2 norfloxacin
Duration	29 (67%)	12 (28%) = 11 ofloxacin 1 ciprofloxacin	2 (5%) = 1 ofloxacin 1 norfloxacin
Route of administration	100 %		
If association, relevance of it	100 %		

DISCUSSION

These results were presented to the antibiotic control committee. Because of the **overuse** and **misuse** of **ofloxacin**, it has been decided to **restrict its access**, which would lead to improve quality of fluoroquinolone usage. The aim of this decision was to preserve efficiency of FQ, now and then. This multidisciplinary methodology, implying pharmacy and bacteriology department, can be applied to other antibiotic families and become a common practice.