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O0798 Impact of antifungal de-escalation on candidaemia outcome: analysis of patients from three prospective cohort studies

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Background: Antifungal de-escalation is an appealing concept to avoid adverse events, to diminish cost or to reduce selection pressure. However, evidence supporting this practice in candidaemia is scarce. We aimed to assess the impact of antifungal de-escalation on clinical outcomes in patients with candidaemia.

Materials/methods: This study included patients coming from three prospective collected cohorts of candidaemia (2007-2016). We selected those episodes due to fluconazole susceptible strains, initial antifungal therapy different to fluconazole, and adequate control of the infection source. We excluded patients who died within the first 5 days. We compared those episodes treated with any antifungal diferent to fluconazol with early (5 days) antifungal de-escalation (EAD) to fluconazole with those who did not follow this strategy (non-EAD).

Results: From 1023 episodes of candidaemia, 235 cases were eligible for our study, 54 (23%) in the EAD group and 181 (77%) in the non-EAD group. Figure 1 showed the study flowchart. Patients in EAD-group more frequently had infection due to *C. parapsilosis* (43% vs 22%; p=.003) and unknown source of candidaemia (74 vs 51%; p=.003). Conversely, *C. glabrata* was less common (0 vs 10%; p=.016). The overall mortality (5 to 30 days) was 26% (60 patients of 235). Chronic lung disease (OR 2.77; 95% CI 1.07-7.15), chronic liver disease (2.93; 1.07-8.07), Pitt score >2 (4.55; 2.02-10.24) and candidaemia caused by *C. albicans* (2.97; 1.36-6.47) were the independent risk factors related with mortality. EAD had no impact in outcomes (OR .375; .125-1.12) Equivalents results were found when the propensity score for receiving EAD was incorporated into the model. The goodness of fit of the propensity score was assessed by the Hosmer-lemeshow test (p=.754), and the discriminatory power of the model, as evaluated by the area under the receiver operating curve, was .79 (95% CI, .71-.86), showing a good ability to predict EAD strategy.

Conclusions: Antifungal de-escalation within the first 5 days after candidaemia from any drug to fluconazole in those patients with susceptible strains and controlled infections did not adversely impact on outcomes. Our results encourage to widely implementation of de-escalation strategies in management of patients with candidaemia.

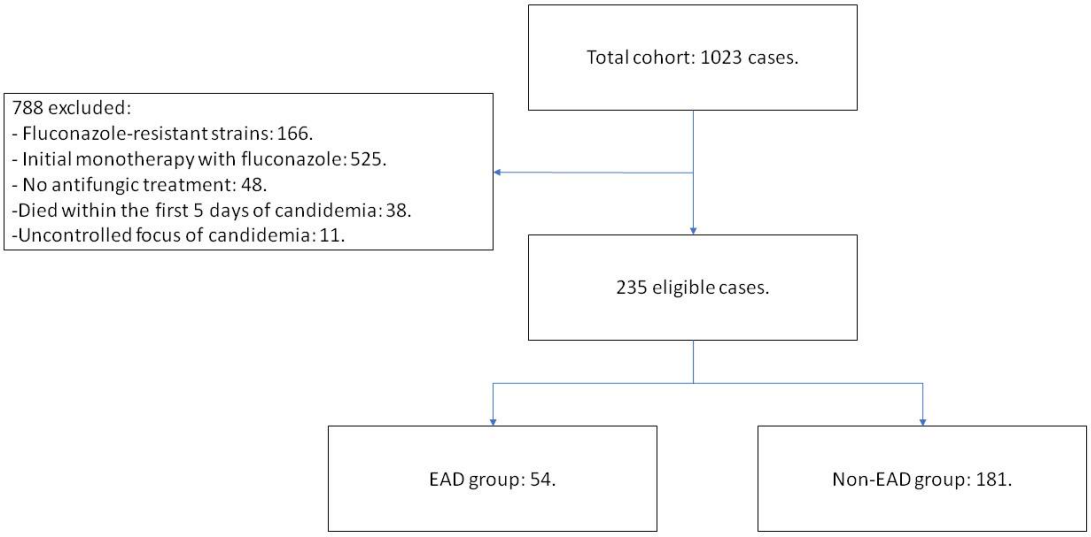

Figure 1: flowchart.