

Introduction: font size 9 - 12

OBJECTIVES

Bacteremia can produce significant morbidity and mortality. The aim of the study is to describe the results of an early intervention program for patients with bacteremia and its impact on attributable mortality in the first week, assessment of results by stratification indices forecast (McCabe, Charlson and Pitt) and if there is an independent prognostic factor.

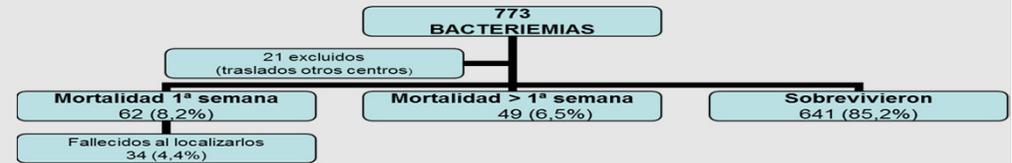
Materials and Methods

Prospective cohort study was realized during 2 years. The results of an early intervention program for patients with bacteremia were recorded. Results are analyzed in terms of the change in treatment, microbiological results, risk stratification (McCabe index, Charlson and Pitt), focus, age and sex. Taking as variable of comparison the presence of premature mortality, a bivariate analysis (chi-square for qualitative independent variables and the Student t test for quantitative independent variables) and a multivariate logistic regression were performed. The level of statistical significance was set as $p < 0.05$.

References

Retamar P, Portillo M, López Prieto MD et al. Impact of Inadequate Empirical Therapy on the Mortality of Patients with Bloodstream Infections: a Propensity Score-Based Analysis. Antimicrob. Agents Chemother. 2012. 56 (1): 472-478

Results



| Variable | Bivariate analysis | Multivariate analysis (p,RR, IC 95,0%) | | |
|------------------------------|--------------------|---|-----------------------------|------------------------------|
| Age | P<0,001 | P<0,001 | RR: 1,02 | IC: 1.01-1,04 |
| McCabe | p<0,001 | 1: RR:1 2: P<0,001 RR:5,30 3: P<0,001 RR:7,61 | IC: 2,89-9,71 3,81-15,22 | |
| Charlson | p<0,001 | 0-2: RR:1 3 ó >: P<0,001 RR:2,67 | IC:1,70-4,2 | |
| Pitt | P<0,001 | 0-2: RR:1 2 ó >:P<0,001 RR:7,01 | IC:4,34-11.32 | |
| unknown focus | P<0,001 | P<0,003 | RR:2,88 | IC:1,44-5,79 |
| no modification of treatment | P<0,001 | P<0,001 | RR:2,44 | IC:1,54-3,87 |
| Sex | Not significant | Not significant | | |
| Microorganism isolated | Not significant | Not significant | | |
| Place of origin | Not significant | P=0,029 P=0,038 P=0,833 | RR:1,86 RR:1 RR:0,94 | IC:1,06-3,27 IC:0,57-1,56 |

Conclusions

- 1 - Premature mortality was low (8.2%) and 4.5% of patients had died when they were located.
- 2 - Predictors factors of mortality attributable to bacteremia were: age, McCabe (UF and RF), Charlson and Pitt (≥ 3), unknown focus, nosocomial acquisition and no modification of the initial empirical treatment.
- 3 - Early intervention and stratifying the risk of mortality allow optimization of antimicrobial therapy and can reduce mortality.