

**ESCMID Postgraduate Technical Workshop
Population Modeling and Dose Optimization
with Pmetrics and BestDose:
Antimicrobial Applications**

Using BestDose Stand-Alone

BestDose features

- Windows Program
- Model-based dosing
- Bayesian estimation of **individual PK parameters**
- Calculation of an **optimal dosage regimen** to achieve a concentration target



BestDose features

- Population models are **nonparametric**
- Existing models: aminoglycosides, vancomycin, digoxin, anti-epileptic drugs – all for adults
- **New models** built with Pmetrics can be added with some limitations
 - 1 or 2 compartments
 - Covariates : weight, creatinine clearance or any substitutes written the patient file
 - Linear relationships between covariates and parameters

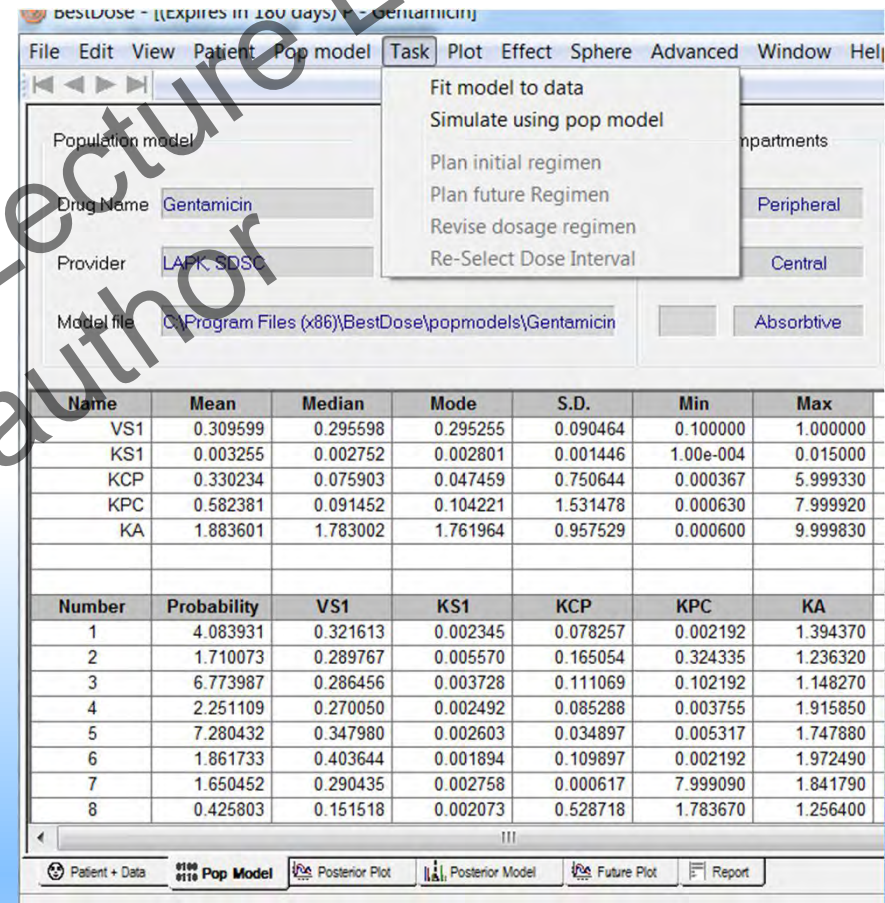
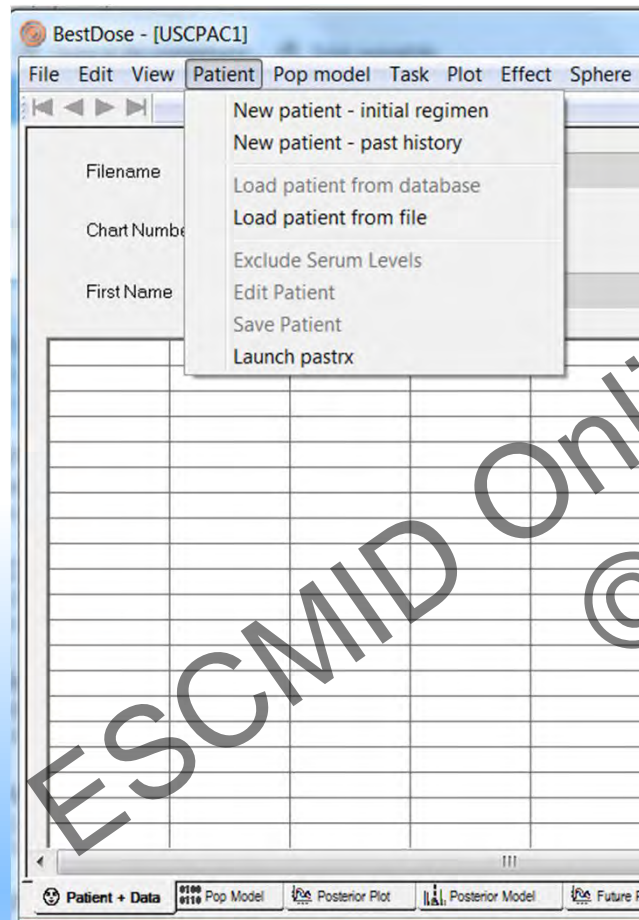
BestDose strengths

- The only dosing software based on NP, multiple-model priors
- The only dosing software with **optimisation criterion** in dosage design (minimization of MWSE)
- User friendly interface and plotting
- **Advanced fitting options**
 - Interactive Multiple-Model
 - Hybrid fit

Using BestDose

- The steps
 - Create a **patient's file** using the PastRx program (dosing history, drug levels, covariates)
 - Load the patient's file
 - Select and load a **population model**
 - **Fit** model to data
 - **Plan** future regimen

Using BestDose



Using BestDose

Clinical Example #1: initial dosing

- A female patient with severe acute pyelonephritis has to receive IV ceftriaxone 1g/day and amikacin
- Patient's characteristics
 - 77 years
 - 48 kg, 158 cm
 - $CCr = 36 \text{ ml/min/1.73m}^2$
- Which initial dose amount and dosing interval would be appropriate for IV amikacin ?

Using BestDose

Clinical Example #2: dose adjustment

- A 87 years old man presented a *Staphylococcus epidermidis* disco-vertebral infection
- Initial prescription: rifampicin 900 mg/day + vancomycin 1g/12h
- Characteristics: 65 kg, SCr = 44 $\mu\text{mol/L}$, CCr = 98 ml/min
- Vancomycin trough target = 20 mg/L
- How to monitor his vanco therapy ?

Using BestDose

Clinical Example #2: dose adjustment

- Vancomycin concentrations available on the second day of therapy
 - Cmin = 6 mg/L just before dose 2
 - Cmax = 20 mg/L 30 min after dose 2
- Which dosage regimen should be prescribed to achieved the target Cmin as soon as possible ?

Using BestDose

Clinical Example #2: dose adjustment

- The initial dosage regimen of 1g/12h would lead to a suboptimal trough ≈ 15 mg/L at the steady-state
- Optimal regimen
 - Reloading dose: 1500 mg q12 during one day
 - Then 1250 mg/12h
 - Trough ≈ 19 -20 mg/L by day 4-5

Using BestDose

Clinical Example #2: dose adjustment

- Vancomycin trough measured on day 4 in agreement with model prediction: 19.5 mg/L
- Advanced fitting options can provide a better fit for this patient