P0263
Paper Poster Session
Focus Acinetobacter

Impact of colistin therapy on mortality of multidrug-resistant and colistin-sensitive Acinetobacter baumannii bacteraemia in critically ill patients

Tania Amat[1], Antonio Gutiérrez[2], José Garnacho-Montero[3], Isabel Machuca[4], Irene Gracia[5], Elena Pérez-Nadales[6], Álvaro Torre-Giménez[7], Jose Miguel Cisneros Herreros[8], Julián Carlos Torre Cisneros*[9]

[1]*Hospital Universitario Reina Sofia (Córdoba), Córdoba, Spain*

[2]*Clinical Unit of Infectious Diseases, Microbiology, and Preventive Medicine, Biomedicine Institute of Seville, University Hospitals Virgen del Rocío and Virgen Macarena., Sevilla, Spain*

[3]*Unit of Critical Care and Emergency, University Hospital Virgen del Rocío., Sevilla, Spain*

[4]*Reina Sofia Hospital, Cordoba, Spain*

[5]*Hospital Universitario Reina Sofia, Córdoba, Spain*

[6]*Hospital Universitario Reina Sofía-Imibic-University of Córdoba, Córdoba, Spain*

[7]*Complejo Hospitalario de Jaén, Jaén, Spain*

[8]*Hospitales Universitarios Virgen Macarena Y Virgen del Rocío, Sevilla, Spain*

[9]*Hospital Universitario Reina Sofia, Cordoba, Spain*

Background: Multidrug-resistant *Acinetobacter baumannii* (MDR-Ab) has emerged as a common cause of severe sepsis in critically ill patients. Colistin is the treatment of choice for MDR-Ab. The impact on mortality of empirical therapy with colistin and combined targeted therapy with tigecycline or vancomycin is unknown. To investigate the efficacy of the empirical use of colistin and combined targeted therapy with colistin and tigecycline or vancomycin in the treatment of colistin-sensitive MDR-Ab bacteremia in critically ill patients.

Material/methods: Multicenter retrospective cohort study. Involving two hospitals belonging to the Spanish Network for Research in Infectious Diseases (REIPI). Critical patients with monomicrobial bloodstream infections (BSI) due to MDR-Ab (113 patients) were studied in which specific criteria were applied for the analysis of Colistin empirical therapy (CET) or tigecycline-based or vancomycin-based (plus colistin) combined targeted therapy (CTT). Multivariate analyses were performed using logistic regression to control for confounding. All-cause 14- and 30-day mortality (crude).

Results: 14-day and 30-day mortality rates were 13% and 54% for CET, 21% and 50% for tigecycline-based CTT and 4% and 31% for vancomycin-based CTT, respectively. The adjusted OR (95% CI) for

14-day mortality was 1.15 (0.33-4.03) for CET, 1.28 (0.32-5.17) for tigecycline-based CTT and 0.19 (0.02-2.35) for vancomycin-based CTT. The adjusted OR (95% CI) for 30-day mortality was 2.29 (0.95-5.51) for CET, 6.56 (0.66-65.22) for tigecycline-based CTT and 5.52 (0.51-59.72) for vancomycin-based CTT.

Conclusions: CET and tigecycline-based or vancomycin-based CTT with colistin do not decrease 30- and 14-day crude mortality of BSI due to MDR-Ab in critical patients.