

O410

Abstract (oral session)

Antimicrobial use for skin and soft tissue infections in Canada in an era of CA-MRSA

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Objectives: Community acquired methicillin resistant *Staphylococcus aureus* (CA-MRSA) has been a rapidly growing problem for much of the past decade. We have previously demonstrated an associated increase in physician visits for skin and soft tissue infections (SSTI). We sought to examine associated changes in antibiotic prescribing for SSTI 1998-2009. **Methods:** Prescription data from BC PharmaNet were anonymously linked to associated MSP codes to quantify prescriptions associated with SSTI from 1998 to 2009. Prescriptions were expressed as their defined daily dose (DDD) per 1000 inhabitants per day according to the WHO Anatomical Therapeutic Chemical system. Overall and class-specific rates of consumption were described by year for treatment of skin and soft tissue infections. **Results:** Between 1996 and 2009, the BC rate for all antibiotics used for treatment of skin and soft tissue infections increased by 47% from 0.424 DDD per 1000 inhabitant-days to 0.622 DDD per 1000 inhabitant-days. The majority of this increase was seen with use of trimethoprim/sulfamethoxazole (TMP/SMX) which increased 4.8-fold. Use of cephalosporins (2.6-fold) and macrolides/lincosamides (1.6 fold) also increased while tetracyclines and penicillins remained steady over time. The increase seen with the macrolides/lincosamide class was primarily related to an increase in the use of clindamycin (7.2 fold). **Conclusions:** Antibiotic use for skin and soft tissue infections has increased over time in BC. While much of the increase reflects an appropriate change to TMP/SMX given prevalence of CA-MRSA, cephalosporin and clindamycin use has also been driven up.