

P1642 Real-world treatment patterns of patients diagnosed with complicated urinary tract infections, complicated intra-abdominal infections, and hospital-acquired and ventilator-associated bacterial pneumonia attributable to carbapenem-resistant Gram-negative bacilli in Spain

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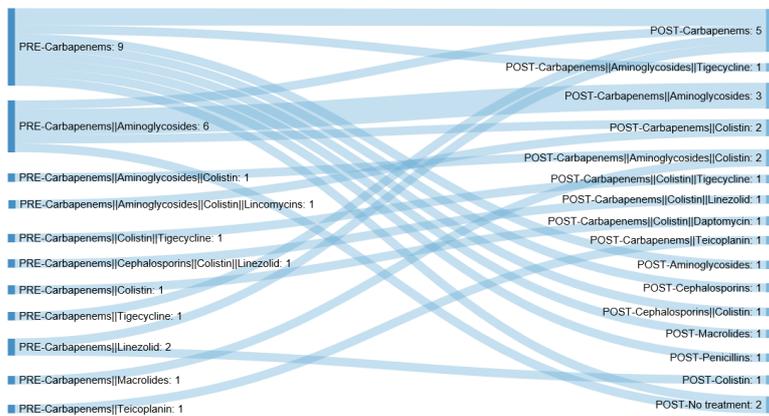
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Background: The management of gram-negative infections is a major challenge in healthcare due to increasing percentages of multi drug-resistance to antibiotics, including last-line antibiotics like carbapenems, especially in southern-European countries. The objective of this study was to characterize the clinical management of patients diagnosed with complicated urinary tract infections (cUTI), complicated intra-abdominal infections (cIAI), and hospital-acquired and ventilator-associated bacterial pneumonia (HABP/VABP) attributable to carbapenem-resistant gram-negative bacilli in Spain.

Materials/methods: Chart review in 5 hospitals in Spain. Adult patients with a diagnosis of cUTI, cIAI, or HABP/VABP during hospital admission caused by carbapenem-resistant gram-negative bacilli between February 2015-July 2017 were enrolled in a consecutive retrospective way. Clinical and demographic characteristics, history in the year before hospitalization, and treatment patterns were abstracted. Interim study results are presented.

Results: 60 patients included, mean age 67.5 years, 73% male. Eleven patients (18.3%) were immunocompromised. In the year prior to index admission, half of the patients (50.0%) had been treated with antibiotics, namely penicillins (n=22, 36.7%), fluoroquinolones (n=16, 26.7%), and cephalosporins (n=12, 20.0%). The most frequent infection was cUTI (n=31, 51.6%), followed by HABP/VABP (n=29, 48.3%), and cIAI (n=5, 8.3%). *Pseudomonas aeruginosa* was most common among isolated bacteria (n=32, 53.3%). *Klebsiella pneumoniae* and other Enterobacteriaceae spp. were isolated in 28 (46.7%) and 4 (6.7%) patients, respectively. OXA-48-type and VIM-type carbapenemases were identified in 25 (41.7%) and 3 (5.0%) patients, respectively. Most commonly prescribed drugs, both before and after antibiogram availability, were carbapenems in 25 (41.6%) and 24 (40%) patients, respectively, and colistin in 20 (33.3%) and 20 (33.3%) patients, respectively. The flow of antibiotic treatment patterns for patients treated with carbapenems prior to antibiogram is presented in Figure 1.

Figure 1. Sankey diagram of treatment patterns before and after antibiogram availability for patients initially treated with carbapenems.



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Conclusions: The results of our interim analysis suggest that carbapenems, as monotherapy and combination therapy, are the most commonly used drugs for the management of cUTI, cIAI, HABP/VABP attributable to carbapenem-resistant gram-negative infections in Spain. Carbapenems are maintained in over two thirds of patients, even after antibiogram. Evaluation of full study results is warranted to confirm these results.

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