QUALITY OF THE EMPIRIC ANTIBIOTIC TREATMENT IN COMMUNITY-ACQUIRED PNEUMONIA

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BACKGROUND:
Increasing threat of antibiotic resistance
- Infectious disease
- Microorganism

OBJECTIVE:
Analyze the empirical antibiotic prescription (EAP) profile of the patients with community-acquired pneumonia (CAP) who required hospital admission depending on the clinical unit.

MATERIAL AND METHODS:
Restrospective observational study:
- Clinical unit: Internal Medicine (IM) or Pneumology (NEM)
- Comorbidities: chronic obstructive pulmonary disease, bronchiectasis, diabetes, nephropathy
- Hospitalization in the previous 30 days
- C reactive protein and procalcitonine
- FINE score
- Empirical antibiotic prescription (EAP)

RESULTS:
45 patients were included

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<thead>
<tr>
<th>Clinical unit</th>
<th>NEM</th>
<th>IM</th>
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<tbody>
<tr>
<td>N (%)</td>
<td>30 (67%)</td>
<td>15 (33%)</td>
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<tr>
<td>Age</td>
<td>73 (65-80)</td>
<td>86 (78-91)</td>
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FINE score (% patients)
- Medium Risk
- High Risk

EAT prescribed (% patients)

CONCLUSIONS:
- Empirical antibiotic treatment in community-acquired pneumonia depends on the medical unit.
- Although internal medicine patients showed greater severity illness, dual therapy based on ceftriaxone and levofloxacin was prescribed in fewer rates than in the pneumology unit.
- Thus, it’s necessary to carry out educational activities to optimize empirical antibiotic therapy in community-acquired pneumonia.