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INTRODUCTION

The emergence of bacterial resistance and the proper use of antibiotics are major public health issues.
 In 2011, the European Conference on Infections in Leukemia published new **recommendations** for the management of **febrile neutropenia**.

OBJECTIVES

To evaluate the **conformity** of the **duration of antibiotic therapy** in patients with febrile neutropenia, hospitalised in the haematology department of a university hospital.

MATERIAL & METHODS

Study characteristics

- ❖ Monocentric, retrospective, observational
- ❖ Six-month period
- ❖ Haematology department: 44 beds

Data collection

- ❖ **72-hour apyrexia date**
- ❖ Extraction from the software DxCare™
- ❖ Collection form
- ❖ Haematological malignancy
- ❖ Nature of the infection
- ❖ Duration of antibiotic therapy

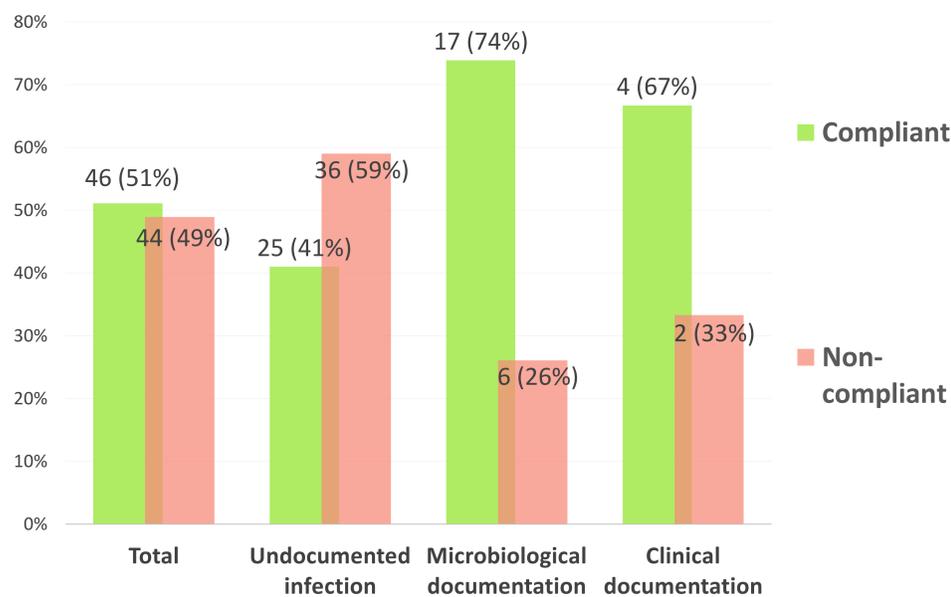
Compliance criteria

- ❖ Undocumented infection: Discontinuation of antibiotic therapy at 72 hours of apyrexia
- ❖ Documented infection: Adaptation and discontinuation of antibiotic therapy, according to the recommendations of the local antibiotic guidelines

RESULTS & DISCUSSION

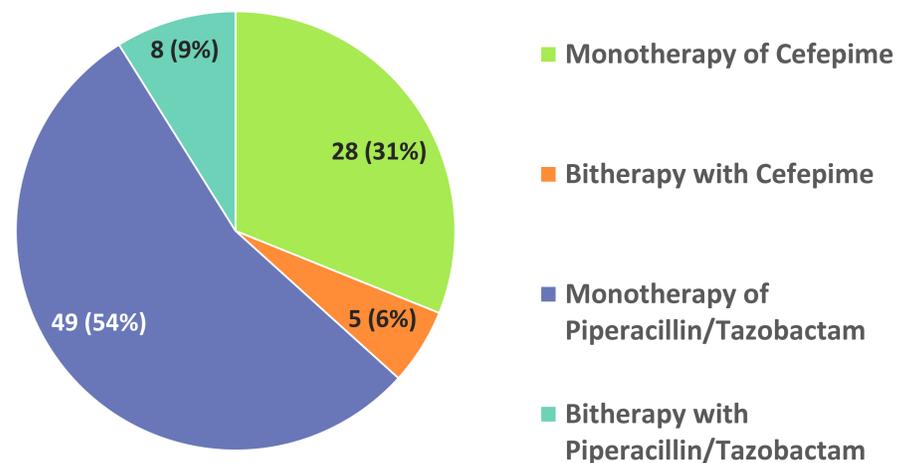
Population	Nature of the infection
N= 90 patients	Undocumented infection: 61 (69%)
49 ♂ (54%)	Documented infection: 29 (31%)
41 ♀ (46%)	➤ Microbiological: 23 (25%)
Average age: 56 years	➤ Clinical: 6 (6%)

Conformity of prescription duration according to the nature of the infection



Undocumented	Documented
Prescription for too long duration (49%)	Excellent compliance rate (72%)
Discontinuation at 126 hours of apyrexia	Extensive knowledge of haematologists in infectiology
Not in compliance with the recommendations	

Probabilistic antibiotic therapy



Cefepime and Piperacillin/Tazobactam are systematically introduced as **first-line treatment**, as recommended by the European Conference on Infections in Leukemia

CONCLUSION

The durations of antibiotic therapy may be explain by the **fragility** of haematology patients and the fear of being confronted with a **recurrence of the infection**

To **harmonize** prescription duration and prevent the emergence of bacterial resistance

A **guide to correct use** of antibiotics and a second prospective study should be considered

