The increase in the use of linezolid since 2017, makes it necessary to establish a control by the hospital’s PROA team and analysis of its use.

AIM AND OBJECTIVES

To analyse the use of linezolid and assess its suitability for the established criteria for use.

MATERIAL AND METHODS

- Retrospective and observational study including patients with linezolid prescriptions during January-April 2022.
- Variables analysed were: sex, age, prescribing department, type of infection, days of hospital admission, days of treatment, type of treatment (empirical (ET)/directed (TD)), multidrug-resistance risk factors (MRRF), associated antibiotics (AA), type of sample (M), isolated microorganism (IM), number of interventions by pharmacy or the PROA Team, and reason for non-compliance.

RESULTS

65 patients were included (56% male), median age: 83 years (range: 61-99)

- The Internal Medicine Department prescribed 83% of the treatments, and other minority prescribing services were traumatology and general surgery.
- The average duration of treatment was 4 days (range: 1-17), and the median duration of days of admission was 17 (range: 1-60).
- 74% of linezolid treatments were empirical.
- The antibiotics associated with linezolid were mostly meropenem (47%) and piperazeline/tazobactam (18%)
- Sampling was performed in 27 patients: Microbiological isolation was not obtained in 33% (9) of the samples. The IM were:
  - methicillin-resistant Staphylococcus aereus 4, methicillin-sensitive Staphylococcus aereus 4, Enterococcus faecalis 6, others 4
- PROA intervention was carried out in 15 patients, of which 60% were accepted.

CONCLUSIONS

The intervention of the PROA team contributes to the high adequacy rate of linezolid. The results show a high use of linezolid empirically, in addition to its use in dual therapy in most cases with meropenem, which could be justified by the increase in multidrug-resistant microorganisms isolated. Study needs to continue periodically to be able to make a more precise analysis.