BACKGROUND

Restricting the use of antibiotics at hospital level is part of the rational use of them.

Through a multidisciplinary process, its use is restricted to certain patients or clinical situations to ensure a greater efficiency, avoid adverse effects and also for epidemiological reasons.

PURPOSE

The aim of this study is to analyze the prescription of restricted antibiotics in the treatment of urinary tract infections (UTI).

MATERIAL AND METHODS

Retrospective observational study (April 2015-May 2015).
Information collected: sex and age, prescribed antibiotic, origin of infection, analytical values and microbiological data.
Data were reviewed in collaboration with a Infectious Diseases specialist, who performed the corresponding interventions.

RESULTS

Restricted antibiotics prescribed

- Distribution
- Clinically indicated

Origin of the infection

- Healthcare
- Community
- Nosocomial

- 23%
- 42%
- 35%

Clinically indicated

- Yes
- No

- 35%
- 65%

- 31 patients
- 32% women
- median age 74 years

CONCLUSIONS

✔ 1/3 restricted antibiotic prescriptions were not clinically indicated, most infections were healthcare-associated.
✔ Misuse of antibiotics can lead to treatment failure, relapses and multidrug resistance, which requires a continuous training of the medical team.