Abstract:

BACKGROUND: Persons who inject drugs (PWID) are at risk for invasive infections; however, hospitalizations to treat these infections are frequently complicated by against medical advice (AMA) discharges. This study compared outcomes among 1) PWID who completed a full course of inpatient intravenous (IV) antibiotics, 2) PWID who received a partial course of IV antibiotics but were not prescribed any antibiotics on AMA discharge, and 3) PWID who received a partial course of IV antibiotics and were prescribed oral antibiotics on AMA discharge.

METHODS: Retrospective, cohort study of PWID aged 18 years or older admitted to a tertiary referral center between 01/2016 and 07/2019, who received an Infectious Diseases consultation for an invasive bacterial or fungal infection.

RESULTS: 293 PWID were included in the study. 90-day all cause readmission rates were highest among PWID who did not receive oral antibiotic therapy on AMA discharge (n=46, 68.7%), compared with inpatient IV (n=43, 31.5%) and partial oral antibiotics (n=27, 32.5%). In a multivariate analysis, 90-day readmission risk was higher among PWID who did not receive oral antibiotic therapy on AMA discharge and not different among PWID prescribed oral antibiotic therapy on AMA discharge (aHR=0.99; 95% CI 0.62-1.62). Surgical source control (aHR=0.57; 95% CI 0.37 – 0.87) and addiction medicine consultation (aHR=0.57; 95% CI 0.38 – 0.86) were both associated with reduced readmissions.

CONCLUSIONS: Our single center study suggests access to oral antibiotic therapy for PWID who cannot complete prolonged inpatient IV antibiotic courses is beneficial.

Reference: