Outpatient parenteral antibiotic treatment (OPAT) has proven efficacious and safe for treating infective endocarditis (IE). However, the 2001 IDSA criteria for OPAT in IE are very restrictive. We aimed to compare the outcomes of OPAT with those of hospital-based antibiotic treatment (HBAT)" Pericàs et al (2019).

Abstract:

BACKGROUND: Outpatient parenteral antibiotic treatment (OPAT) has proven efficacious and safe for treating infective endocarditis (IE). However, the 2001 IDSA criteria for OPAT in IE are very restrictive. We aimed to compare the outcomes of OPAT with those of hospital-based antibiotic treatment (HBAT).

METHODS: Retrospective analysis of data from a multicenter prospective cohort study of 2,000 consecutive IE patients in 25 Spanish hospitals from 2008 to 2012.

RESULTS: A total of 429 patients (21.5%) received OPAT, and only 21.7% fulfilled IDSA criteria. Males accounted for 70.5%, median age was 68 years (IQR 56-76), 57% had native-valve IE, 27% had prosthetic-valve IE, and 19% had pacemaker/defibrillator IE. The most frequent causal microorganisms were viridans group streptococci (18.6%), Staphylococcus aureus (15.6%), and coagulase-negative staphylococci (14.5%). The median length of antibiotic treatment was 42 days (IQR 32-54), and 44% of patients underwent cardiac
surgery. One-year mortality was 8% (42% for HBAT; P<0.001), 1.4% of patients relapsed, and 10.9% were readmitted during the first three months after discharge (no significant differences compared with HBAT). Charlson score (OR 1.21, 95%CI 1.04-1.42; P=0.01) and cardiac surgery (OR 0.24, 95%CI 0.09-0.63; P=0.04) were associated with one-year mortality, whereas aortic valve involvement (OR 0.47, 95%CI 0.22-0.98; P=0.007) was the only predictor of readmission at one year. Failing to fulfill IDSA criteria was not a risk factor for mortality or readmission. CONCLUSIONS: OPAT provided excellent results despite the use of broader criteria than those recommended by IDSA; OPAT criteria should therefore be expanded.

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