

## *My top 5 takes on a paper:*

### **Short-course aminoglycosides (AG) as adjunctive empirical therapy in patients with Gram-negative bloodstream infection (GNB BSI), a cohort study**

**1**

Despite accumulating evidence against the addition of AG to beta-lactam therapy in sepsis treatment, some guidelines continue to recommend this. The Dutch for example suggests its addition (1-2 doses) empirically in those at risk of ESBL infection.

**2**

There were 2 arms in this cohort study. Empiric regimens with AG (gentamicin, tobramycin or amikacin) vs. empiric regimens without AG.

**3**

#### **RESULTS**

626 adults ( $\geq 18$  years old) with GNB BSI were recruited (156 or 24.9% received AG for a median of 1 day). Septic shock was more frequent in AG arm (19.9% vs. 7.2%) with comparable rates of previous colonization/infection by 3GC-resistant pathogens (5.8% vs. 6.4%). E. coli predominates (59.6%) and 13.3% had polymicrobial GNB BSI.

**4**

#### **NIL BENEFITS**

The 30-day mortality rate for the cohort was 14.6% (n=91). This was not significantly lower in AG arm (both adjusted and non-adjusted odds ratio).

#### **TAKE HOME MESSAGE**

Before adding an aminoglycoside to your empiric therapy ask yourself **why**, and **are you are helping or harming the patient** (in some studies, even short-courses of AG increase AKI incidence).

