

MY TOP 5 TAKES ON A PAPER TITLED

Effect of CRP guided Antibiotic Treatment Duration vs. 7-Day Rx, or 14-Day Rx in Uncomplicated Gram-Negative Bacteraemia



WHY?

Prolonged antibiotic exposure drives antibiotic resistance as well as occurrence of AE such as *C difficile* infection, prolonged hospitalization and higher costs.

WHO RECOMMENDED 10-14 DAYS?

These durations are largely based on expert opinion. However, recent analyses inc. RCT indicate shorter duration (ie 7D) may do just fine.

Besides fixed durations do not take into account the host characteristics and his/her treatment response.

HOW?

504 subjects with GNB bacteraemia were randomized at day 5 of Rx into 3 groups;

1. CRP-guided group (N=170)

Ceased Rx if CRP reduced by 75% from its peak and afebrile for $\geq 48H$

2. 7-day treatment group (N=169)

3. 14-day treatment group (N=165)

By day 5, all had underwent source control.

WHAT WAS FOUND?

The cohort median age was 76 years old and 61% were women. *E. coli* predominates (74%) and UTI was the major source of bacteremia (69%).

CRP-guided treatment was **NOT INFERIOR** to fixed durations (7 or 14-day Rx).

Median duration for CRP group was 7 days (IQR 6-10).

NB: The more severe the kidney insufficiency, the longer the Rx in CRP group as CRP is cleared by kidneys! Have you seen these sort of patients; well but CRP remains high as the patients have AKI



SHARE THE NEWS!

In adults with uncomplicated GNB bacteremia, CRP levels may be used to guide as well as **SHORTEN** the treatment duration