

ORAL ABSTRACTS

1301. Outpatient Parenteral Antimicrobial Therapy (OPAT) in Intravenous Drug Users (IVDUs): Epidemiology and Outcomes

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Background. The use of OPAT in IVDUs is a controversial and under-studied form of medical management. While there are no established guidelines on the utilization of PICC lines in IVDUs, physicians are often hesitant to discharge patients with a device of potential abuse and harm. There is no data from the US and limited data from international sources on the characteristics of patients that are both IVDUs and discharged on OPAT.

Methods. This is a retrospective observational study of IVDU patients admitted to the Infectious Disease Unit of an 800-bed inner city academic tertiary care hospital

between December 2011 and November 2013. Patients were identified by a review of discharge summaries and were included in the study if they had current or prior history of IVDU and were discharged from the hospital on OPAT. Patients were considered candidates for OPAT if they had no major competency issues other than IVDU and were agreeable to be compliant with therapy.

Results. We included 39 patients in the study, 53.9% of which were males, 48.7% African-American and 28.2% Caucasians. Their ages ranged from 21-70 yrs with a mean of 47.7 yrs. Hospital stay ranged from 2 - 61 days with a mean of 16.5d. 79.5% (n = 31) were current IVDU users. 74.4% (n = 29) were discharged home while 25.6% (n = 10) were discharged to a group home. Osteomyelitis was the predominant source of infection 51.3% (n = 20); followed by endocarditis 33.3% (n = 13), and skin/wound, 12.81% (n = 5). MRSA was the most common pathogen, 44.8% (n = 13), followed by MSSA, 31.0% (n = 9). Vancomycin was most commonly prescribed medication, 25.6% (n = 10), followed by penicillins, 23.1% (n = 9). There were 30 patients with follow up information available 30 days post-discharge. Among these patients there were 0 deaths, 7 (23.3%) readmissions, 22 (73.3%) improvements/cures, and 1 (3.3%) relapse. 9 patients were lost to follow-up, 2 of these were scheduled to follow-up at an outside hospital.

Conclusion. IVDU patients sent home on OPAT were most commonly treated for MRSA or MSSA and the most common type of infection was osteomyelitis. In patients with available follow-up information, this study demonstrates high (73.3%) improvement/cure rates. Further study is warranted to determine if there is a difference in outcome when this group is compared to IVDUs not treated with OPAT.

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