

ORAL ABSTRACTS

906. Do Antiplatelet Medications Prevent Poor Clinical Outcomes in Patients With Community-Acquired Pneumonia? Results From the Community-Acquired Pneumonia Organization International Cohort Study

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Session: 121. Pneumonia from Soup to Nuts

Friday, October 28, 2016: 8:30 AM

Background. Community-acquired Pneumonia (CAP) is characterized by a pro-inflammatory state as well as a pro-coagulant state. Excessive inflammatory and/or coagulatory state may be associated with poor clinical outcomes. A significant number of subjects are prescribed antiplatelet medications and may develop CAP. We hypothesize that these patients may be at a decreased risk for mortality once hospitalized for CAP. The objective of this study was to compare the risk of mortality in hospitalized patients with CAP on antiplatelet medications versus those not on antiplatelet medications.

Methods. This was a secondary data analysis of the Community-Acquired Pneumonia Organization (CAPO) International Cohort Study database. Log binomial regression models were used to evaluate the adjusted impact of antiplatelet medications on the risk for 30-day mortality.

Results. A total of 3337 patients were included in the analysis, 639 receiving antiplatelet medication, and 2698 without. After adjusting for confounding effects, the risk ratio for 30-day mortality for patients on antiplatelet medication compared to those not on antiplatelet medication was 0.55, $p < 0.001$.

Conclusion. This study indicates that hospitalized patients with CAP that were taking antiplatelet medications prior to hospitalization have a 45% decreased risk for mortality at 30 days. Aspirin and other antiplatelet medications decrease coagulation as well as inflammation. Our data suggest that modifying excessive inflammatory and coagulatory responses may be an important intervention to improve outcomes in hospitalized patients with CAP.

Disclosures. All authors: No reported disclosures.

Open Forum Infectious Diseases 2016;1(S1):S1-68

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DOI: 10.1093/ofid/ofw194