suggest a multi-pronged approach including focus groups and surveys of physicians, implementation of clinical guidelines, and ongoing feedback in an Israeli MCO.

**Abstracts**

**ID2**

**OUTCOMES ASSOCIATED WITH ANTIFUNGAL DRUG SWITCHING IN PATIENTS WITH SERIOUS CANDIDA INFECTIONS**


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**OBJECTIVES:** Serious candida infections have been treated with a variety of patterns of antifungal drugs. This study focused on the outcomes of hospitalized patients treated with antifungal drugs and examined drug switching approaches in actual practice. **METHODS:** A retrospective study was conducted among a population of 9746 serious candida infection patients treated with antifungal drugs during the time period of February 2003 to June 2005. Data was collected from 441 hospitals out of the Solucient® ACTracker® database. Patients were categorized into an adherence group with patients staying in aggressive drugs (IV forms of amphotericin B, amphotericin B lipids, canadica and vflend) and a switching group with patients who switched from aggressive drugs to non-aggressive and less expensive drugs (oral forms only of amphotericin B, sporanox, diflucan & vflend). Mortality and length of stay (LOS) of the two groups were compared by Chi square and T test. Further analysis was followed by using Logistics regression and ANCOVA analysis with controlled influencing factors such as co-morbidities. **RESULTS:** The drug switching patients group was found to have significantly higher mortality rate (0.246 vs 0.160, p < 0.001) and longer LOS (36.45 vs 27.73, t = 7.67, p < 0.001) as compared to adherence group. The higher mortality in switching group was supported by Logistic regression results with the following confounding factors controlled: age (OR 1.013, CI:1.009–1.017), septicemia (OR 1.231, CI:1.055–1.431), kidney disease (OR 1.288, CI:1.091–1.532), ER (OR 1.362, CI:1.083–1.712) and other candida (OR 1.440, CI:1.039–1.996). The extended LOS also was found by using ANCOVA with confounding factors adjusted including mycoses, ER admission, Medicare payment. **CONCLUSIONS:** The study demonstrated that switching aggressively treated patients to cheaper and less aggressive drugs caused higher mortality and extended hospital stay. More extensive clinical and economic outcome studies are needed to understand antifungal drug treatment in candida infection patients.

**ID4**

**COMPLIANCE WITH ANTIBIOTIC TREATMENT GUIDELINES IN MEDICARE MANAGED CARE PATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA (CAP) IN AMBULATORY SETTINGS**

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**OBJECTIVES:** There is a paucity of published research addressing how the Infectious Disease Society of America guidelines for empiric treatment of CAP are implemented in clinical practice. The current study was designed to describe antibiotic treatment patterns among Medicare managed care patients with CAP treated in ambulatory settings in light of these guidelines. **METHODS:** This study used claims data from a Medicare managed care organization located throughout geographically diverse regions of the US. Patients with pneumonia treated with any antibiotic in ambulatory settings during 2004 were retrospectively identified via ICD-9CM codes (481–486). Recent antibiotic use was identified through NDC and J codes, and defined as receipt of any antibiotics within 90 days prior to the date of diagnosis. Individuals were divided into four groups as per guidelines: G1 previously healthy without recent antibiotics; G2 previously healthy with recent antibiotics; G3) with comorbidities (including COPD, diabetes, renal or congestive heart failure, or malignancy) and without recent antibiotics; AND G4) with comorbidities and recent antibiotics. **RESULTS:** Of 2186 patients identified, 59% had comorbidities. The mean age was 76.6 years and 61% were female. Among G1 patients (n = 661), guideline compliance was 41% (recommended treatment: a macrolide or doxycycline). For G2 patients (n = 230), guideline compliance was 40% (recommended treatment: a respiratory quinolone alone, or an advanced macrolide plus augmentin). A high compliance rate was observed among G3 patients with comorbidities and without recent antibiotics (n = 861) (72%; recommended treatment: an advanced macrolide or respiratory quinolone). For G4 patients with comorbidities and recent antibiotics (n = 434), guideline compliance was 39% (recommended treatment: a respiratory quinolone alone or advanced macrolide plus beta-lactam). **CONCLUSION:** These data, reflecting a period shortly after the CAP guidelines were pub-