Contraindication when making treatment decisions.

Pin9

Contraindications to Hepatitis C Treatment: Which Ones Modify the Likelihood of Veterans Receiving Treatment?

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OBJECTIVES: We studied the influence of absolute and relative contraindications on likelihood of treatment with dual-therapy for chronic hepatitis C (HCV) infection in a national cohort of HCV-infected veterans. METHODS: We identified patients with HCV infection from 2004-2009, 1,014,441 (31.8%) were used for analysis. Mean (SD) age was 58.6 (8.2) years and 96.7% were male. Race was known in 51.9%, of which most were white (49.9%) or black (40.4%). At diagnosis, most patients had unknown genotype (56.4%) or genotype 1 (35.3%). Contraindications were present at diagnosis in 17.9% of patients and 30.1% developed contraindications during follow-up. Predictive models revealed that several contraindications were significantly and independently associated with a decreased likelihood of treatment including kidney transplant (hazards ratio [HR] = 0.29), thrombocytopenia (HR = 0.38), acute myocardial infarction (HR = 0.43), iron-deficiency anemia (HR = 0.46), acute coronary syndromes (HR = 0.62), bipolar disorder (HR = 0.63), hepatic decompensation (HR = 0.70), and retinopathy (HR = 0.74). Patients with a liver transplant were much more likely to receive treatment (HR = 3.51). Contraindications that had no influence on the likelihood of treatment were intractable epilepsy, pregnancy, major depression, and hemoglobinopathies. Neutropenia, auto-immune hepatitis, and hyperlipidemia were rare or uncommon contraindications.

Pin10

Fourth Year Post-Rotavirus Vaccination in Belgium: Decrease of Rotavirus-Positive Stool Samples in Hospitalised Children

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Rotavirus infection in infants has been reimbursed in Belgium since November 2007. The purpose of this study was to evaluate whether the impact of mass rotavirus vaccination on the rotavirus related hospitalisations in children ≤5 years of age has decreased and to report on the trend post-licensure. METHODS: Stool samples for rotavirus detection were collected from all ≤5 years old hospitalised children. The absolute number of rotavirus positive tests pre-vaccine launch (01/06/2004-31/05/2006) were compared with data at launch (01/06/2006-31/05/2007), and post-launch (01/06/2007-31/05/2011). Data are presented as a % reduction (95% CI) per year post-vaccination considering the annual average pre-vaccination period as a reference. RESULTS: The number of rotavirus-positive stool tests in children aged ≤5 years decreased from an average of 881 pre-vaccination to 600, a 33% reduction (95% CI: 29%-35%) during the launch period, to 368 (58%, 95% CI: 55%-61%) in the 1st year post-launch, to 232 (78%, 95% CI: 74%-82%) in the 2nd year, to 186 (84%, 95% CI: 79%-88%) in the 3rd year, and to 201 (77%, 95% CI: 74%-80%) in the 4th year. In addition an overall decline (38%, 95% CI: 36%-41%) in all-cause acute gastroenteritis (AGE) related hospital admissions is observed from 1,757 per year pre-vaccination to 1,082 per year in the 4th year post-launch. The number of bed days due to AGE has fallen from 897 pre-vaccinated at 1,562 (40%, 95% CI: 39%-41%) post-vaccination. A reduction from 6340 to 4894 (27%, 95% CI: 26%-28%) is also seen amongst the non-rotavirus positive cases. CONCLUSIONS: Significant declines in number of rotavirus and all-cause AGE related hospitalisations are seen in young children after 4 years of mass rotavirus vaccination in Belgium. A steady state may be reached after 3 years as no further decrease in the number of rotavirus related hospitalisations is observed.

Pin11

Pharmacotherapy of Acute Bronchitis in Clinics: Results of Pharmacoeconomic Research

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OBJECTIVE: Perform pharmacoeconomic analysis on actual practice when using antibacterial therapy among adults with acute bronchitis. METHODS: We analyzed 5,756 cases of acute bronchitis among patients receiving clinical treatment in four hospitals located in Moscow, Nizhny Novgorod, St. Petersburg and Kazan. An individual registration folder featuring patient’s demographic data, accompanying diseases, use of antimicrobial treatment, dose regimes and methods and duration of treatment was filed in the pharmacoeconomic research. The average age of patients was 39.8 ± 5.7 years with 74% of men and 26% of women. RESULTS: Antibiotics were used in 85.7% of all cases. In Nizhny Novgorod antimicrobial pills were given to 85% of patients while the number of such patients in Moscow and St. Petersburg amounted to 88.5% and 81.5% respectively. In Kazan all the patients received antimicrobial drugs. The most frequent drugs were macrolides (45.8%), inhibitor-protected penicillin (43.7%) and Fluoroquinolones (ciprofloxacin) (6.9%). The less frequent ones were doxycycline (1.6%) and amoxicillin (1.8%) and ampicillin (2.2%). The most frequent macrolid was azitromycin (33.7%) as well as clarithromycin (8.6%) and erythromycin (3.5%). CONCLUSIONS: As a result the actual practice of clinical treatment of acute bronchitis among adults majorly requires the use of antibacterial wide spectrum drugs (85.7%). The frequency of such therapy was high in all hospitals regardless of their locations. The use of antibiotics when treating virus etiology is obviously wrong and leads to the increase of non-desired consequences, higher cost of treatment and might be accompanied by the growing number of antibiotic resistant microorganisms. The above-mentioned data require to create and practice methods aimed at the reduction of antimicrobial use for treating patients with last bacterial etiology.