hours of suspicion of CBSI) of an adequately dosed antifungal agent to which the isolated pathogen was sensitive in vitro. HLOS was primary and hospital costs were secondary outcomes. RESULTS: Of 90 ICU patients identified (mortality 23%), 78 (87%) had a CVC of which 14 (18%) were not removed. Antifungal treatment was delayed >24 hours in 76 (85%), 48 hours in 44 (49%) and dosed inappropriately in 21 (23%) patients. Unadjusted HLOS and costs increased with increasing delay in treatment administration (no delay: 12.8±9.9 days, $32,748±$22,292; 24 hours: 24.7±17.8 days, $62,481±$42,814; 48 hours: 27.7±18.7 days, $70,748±$92,729); inadequate dosing in 54% was associated with increased hospital costs. CONCLUSIONS: Both delay in and inappropriate dosing of antifungal therapy are associated with increased hospital resource utilization among ICU patients with CBSI. II confirmed in further analyses and studies, these MRFs may provide attractive targets for interventions designed to improve both clinical and economic outcomes of CBSI in the ICU. Funded by a research grant from Astellas Pharma US Inc.

**HEALTH CARE UTILIZATION OF ANTIBIOTICS WITHIN THE SLOVAK REPUBLIC**

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OBJECTIVES: The aim of this study was to collect comparable and reliable data on the antibiotic therapy in Slovakia during the period 1998 – 2007. Special interest was focused on the trend of antibiotic consumption and the relationship between the cost of antibiotics and resistance was also studied. METHODS: Data of wholesalers (following ATC/DDD), who are legally obliged provide this information to the Slovak Institute for Drug Control, was used for the analysis. RESULTS: The collected data showed a significant increase in antibiotic consumption from 1998 to 2007 (P < 0.001), defined by daily doses per 1000 inhabitants per day (DDD) – in 1998 (29.731), in 2003 (30.705) and in 2007 (34.364). We can see a noticeable increase in consumption of macrodiles (DDID); in 1999 (2.976), in 2003 (3.693) and in 2007 (6.144) and a moderate increase in fluoroquinolones consumption – in 1998 (1.009), in 2003 (1.602) and in 2007 (3.319). A significant decrease in first-generation cephalosporins consumption – in 1998 (1.052), in 2003 (0.662) and in 2007 (0.370), and a noticeable increase in consumption of second-generation cephalosporins – in 1998 (1.200), in 2003 (1.658) and in 2007 (3.264) and third-generation cephalosporins in 1998 (0.015), in 2003 (0.118) and in 2007 (0.406) can be seen from this analysis. The results show that combination of consumptions of penicillins including beta-lactamase has increased – in 1998 (2.977), in 2003 (4.645) and in 2007 (5.778), but consumption of beta- lactamase sensitive penicillins has decreased – in 1998 (4.171), in 2003 (3.409) and in 2007 (2.343) in term of DDD. From this study, the stable antibiotics consumption in financial term – in 1998 ($49,141,000), in 2003 ($59,078,000) and in 2007 ($54,680,000) can be seen. CONCLUSIONS: Adherence to principles of antibiotic policy lead to fundamental short and long term financial savings within health care systems.