OBJECTIVES: To identify and analyze the sensitivity pattern of microorganisms isolated and to study the antibiotic utilization pattern in complicated urinary tract infection (cUTI) and the outcome of the therapy. METHODS: Retrospective, observational study conducted in the medicine units of a tertiary care teaching hospital from January 2011 to December 2011. Patients who met the inclusion criteria were included in the study. Antibiotic sensitivity pattern like descriptive, clinical diagnosis, microbiological data, antibiotic regimen used and patient outcome were recorded from the medical records. Data were analyzed using SPSS 20.0. RESULTS: Out of 297 patients included in the study, majority of them were in the age group of 48-59 years. E. coli (61.4%) was the most common causative microorganism isolated, followed by E. coli (23.9%). The antibiotic sensitivity profile of microorganisms causing cUTI showed that E. coli was sensitive to majority of the antibiotics and ESBL producing E. coli was most sensitive to ceftazidime, aztreonam, amikacin and followed by trimethoprim and ceftepime. Dual drug regimen was the most preferred choice for the treatment of cUTI compared to single or triple or more drug regimens. Among the different category of antibiotics used, cephalosporins was the most commonly prescribed while macrolides were the least preferred antibiotics. CONCLUSIONS: The treatment of ESBL E. coli with dual drug regimen showed maximum improvement in outcome (97.2%) followed by single drug regimen (89.7%). The organisms isolated were found to be more sensitive to ceftazidime, aztreonam, amikacin, and tobramycin.

CONCLUSIONS: Our study shows that antibiotic treatment for the treatment of cUTI. The broader outcome of this study would be the potential utility of this data in designing strategies both at the level of physicians and the administrators for rational prescribing and policy decisions respectively.

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DIFFERENCE IN INTERDIALYTIC INTERVALS LEADING TO HOSPITAL ADMISSION AND MORTALITY IN HEMODIALYSIS PATIENTS
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OBJECTIVES: To determine the importance of long and short interdialytic interval leading to hospital readmission and mortality in hemodialysis patients. METHODS: Reviewed data of 240 patients with 182 male and 58 female patients receiving maintenance hemodialysis (HD) twice weekly, Mon-Thur Tue/Fri, Wed/Sat schedule with prevalent adult’s HD patients on period from 2010 through 2012. Eligible patients were actively recruited who were on chronic HD fulfilling the inclusion criteria. Analyzed the patients getting frequent hospitalized for Infectious and cardiovascular (CV) admissions were determined by principal ICD-9-CM diagnosis codes. RESULTS: A total of 240 patients with End-stage renal disease (ESRD) on long term hemodialysis were included the study cohort. The mean age was 50±13.6 years. 24.2% were women with a mean year of patients on hemodialysis of 4.2±2.6. Hypertension was the leading cause of end-stage renal disease in 28.8% of the patients, 27.1% of patients with hypertension and diabetes, 12% with diabetes and rest were due to Glomerulonephritis, Intestinal nephritis, Cystic kidney disease. Over the study period, mortality was 39.6% (95), Cardiac cause 19.2 (46) were high on the day after 3 day interdialytic interval (31 death vs. 15), Vascular cause 2.5% (6), Infection 7.5% (18), other cause 10.4% (25) were high on the day after 3 day interdialytic interval leading to hospital readmission and mortality in hemodialysis patients. Interdialytic interval does not influence mortality and readmission rates for all causes cardiovascular and infectious causes.

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TIME SAVINGS WITH ONCE-MONTHLY C.E.R.A.: A TIME AND MOTION STUDY CONDUCTED IN 13 HEMODIALYSIS CENTRES IN ITALY
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OBJECTIVES: A major challenge for haemodialysis (HD) centres is to maximise efficiency in care provision while maintaining high standards of care. Our objective was to document health care professional (HCP) time for renal anaemia management for both shorter-acting erythropoiesis-stimulating agents (ESA) and Mircera, a continuous erythropoiesis receptor activator (C.E.R.A.) once monthly (Q4W), and model time savings with the use of Q4W C.E.R.A. METHODS: This descriptive multi-centre Time and Motion (T&M) study was conducted in 13 centres in Italy. The time spent on frequent anaemia management-related tasks (preparation, distribution, and injection) was recorded for both ESA and C.E.R.A. groups in each centre by trained observers. Time/patient/session was used to calculate time/patient/observation/centre/year, time/centre/year and modelling of potential time savings of a 100% uptake of C.E.R.A. A Random intercept generalized linear mixed effect model assuming gamma distribution with log link function to account for the centre clustering effect was fitted for each task separately. RESULTS: In all centres, more than 80% of the average 86 ESRD patients received ESA treatment. The average number of ESA injections/patient/year, weighted by type of ESA, frequency and route of administration, was 89 (range: 33–150). The average uptake of C.E.R.A. was 36% (range 11–41%). The mean annual reduction in the number of ESA administrations following conversion to C.E.R.A. was 77 (21–138). Average time per patient HD session was 1.54 minutes for ESA (95% CI: 1.17-1.90) vs. 1.64 minutes for C.E.R.A. (95% CI: 1.57–2.02). Estimated time/patient/year was 137 min (range: 65–277) for ESA and 20 min for C.E.R.A. (range: 5–51). Assuming a 100% uptake of Q4W C.E.R.A. maintenance therapy, annual time savings/centre for frequent anaemia management-related tasks would be 86% (range: 62–92%). CONCLUSIONS: Annual substantial time savings on frequent anaemia management-related tasks were found in HD centres in Italy with 100% uptake of Q4W C.E.R.A. maintenance therapy.