Comparative Evaluation of Adverse Tendon Events between Recipients of Ceftriaxone and Ceftriaxone with Azithromycin among Veterans Affairs Patients with Community-Acquired Pneumonia

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ABSTRACT

The objectives of this study were to compare the incidence of adverse tendon events (TE) between FQ and CTX-AZ among pts with CAP and determine if FQ therapy is independently associated with TE. The study hypothesis was that FQ therapy is associated with TE.

METHODS

Patients receiving care in Upstate New York Veterans’ Healthcare Administration from 2014-2015 with community-acquired pneumonia were included. The incidence of TE did not significantly differ between groups (FQ: 9/379 [2.4%] vs CTX-AZ [1.5%]). In multivariate analyses (Figure), treatment was not independently associated with TE (P = 0.57) after adjustment for treatment duration, antibiotic regimen, and other predictors. The incidence of TE did not differ significantly between FQ and CTX-AZ recipients. After adjustment, FQ therapy was not independently associated with an increased risk of TE.

RESULTS

The primary outcome was an incidence of TE. Treatment was not independently associated with TE after adjustment for treatment duration, antibiotic regimen, and other predictors. The incidence of TE did not differ significantly between FQ and CTX-AZ recipients. After adjustment, FQ therapy was not independently associated with an increased risk of TE.

CONCLUSIONS

There was no significant difference in the incidence of TE between FQ and CTX-AZ recipients. Treatment was not independently associated with TE after adjustment for treatment duration, antibiotic regimen, and other predictors.

REFERENCES


OBJECTIVES

1. To compare the incidence of adverse tendon events between FQ and CTX-AZ recipients.
2. To determine if FQ therapy is independently associated with TE.

BACKGROUND

Fluoroquinolones (FQs) are commonly used for patients with community-acquired pneumonia (CAP). There has been an increased recognition of safety concerns with FQs. Atorvastatin and simvastatin have been associated with a risk of adverse tendon events with FQ relative to other antibiotics that are used for similar indications.

METHODS

1. Patients receiving care in Upstate New York Veterans’ Healthcare Administration from 2014-2015 with community-acquired pneumonia were included.
2. The incidence of TE did not significantly differ between groups (FQ: 9/379 [2.4%] vs CTX-AZ [1.5%]). In multivariate analyses (Figure), treatment was not independently associated with TE (P = 0.57) after adjustment for treatment duration, antibiotic regimen, and other predictors.

RESULTS

1. The primary outcome was an incidence of TE. Treatment was not independently associated with TE after adjustment for treatment duration, antibiotic regimen, and other predictors. The incidence of TE did not differ significantly between FQ and CTX-AZ recipients. After adjustment, FQ therapy was not independently associated with an increased risk of TE.

CONCLUSIONS

There was no significant difference in the incidence of TE between FQ and CTX-AZ recipients. Treatment was not independently associated with TE after adjustment for treatment duration, antibiotic regimen, and other predictors.

REFERENCES