


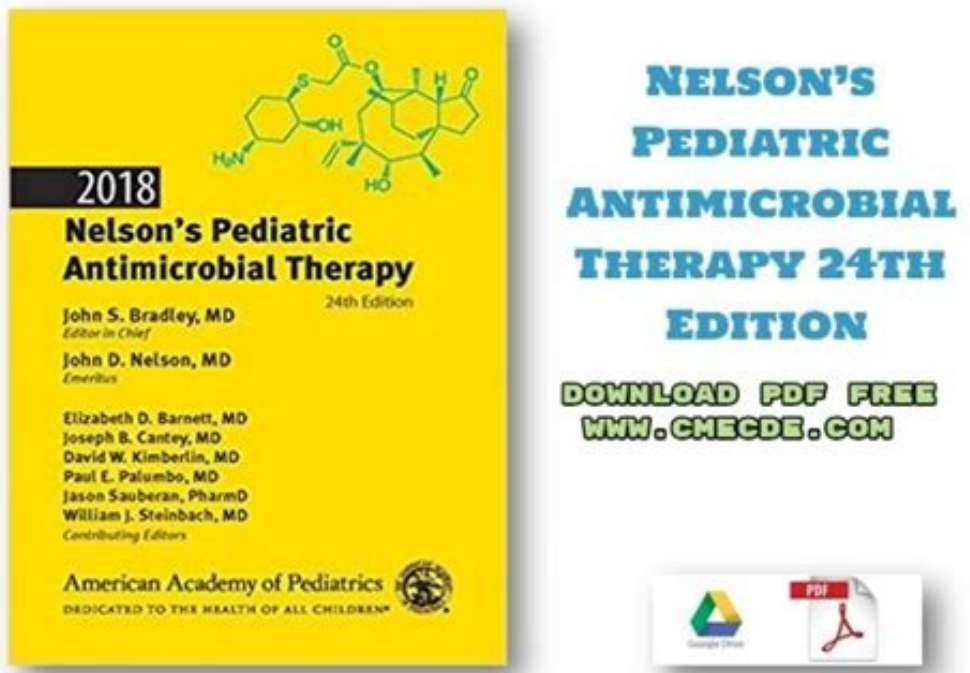
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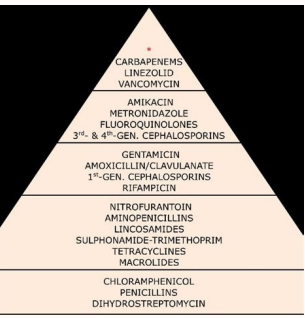
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Antibiotics used for gram positive bacteria		Antibiotics used for gram negative bacteria	
Antibiotic	Dose content	Antibiotic	Dose content
Ciprofloxacin	5 µg	Ampicillin+ Sulbactam	20 µg
Chloramphenicol	30 µg	Cefazolin	30 µg
Cefazolin	30 µg	Ceftazidime/Clavulanicacid	30 µg
Clindamycin	2 µg	Cefdinir	5 µg
Erythromycin	15 µg	Cefuroxime	30 µg
Levofloxacin	5 µg	Ciprofloxacin	5 µg
Oxacillin	5 µg	Co-trimoxazole	25 µg
Penicillin	10 units	Gatifloxacin	5 µg
Ritampicin	5 µg	Levofloxacin	5 µg
Roxithromycin	15 µg	Linezolid	30 µg
Tetracycline	30 µg	Meropenem	10 µg
Vancomycin	30 µg	Ofloxacin	5 µg
Tobramycin	10 µg		
Gentamicin	10 µg		

Variable/Antibiotics	No. of antibiotics	% of total prescriptions
Combination of penicillins, incl. beta-lactamase inhibitors (DHCR)	120	35.0
Third generation cephalosporins (DHCR)	49	14.3
First generation cephalosporins (DHCR)	34	9.9
Cephalosporins (DHCR)	25	7.3
Macrolides (DHCR)	21	6.1
Other antibiotics (DHCR)	16	4.7
Fluoroquinolones (DHCR)	15	4.4
Glycopeptide antibiotics (DHCR)	11	3.2
Other aminoglycosides (DHCR)	9	2.6
Isazole derivatives (DHCR)	9	2.6
Other aminoglycosides for systemic use (DHCR)	7	2.0
Isazole derivatives (DHCR)	6	1.7
Tetracyclines (DHCR)	5	1.5
Combination of sulfonamides and trimethoprim, incl. Derivatives (DHCR)	4	1.2
Lincomides (DHCR)	3	0.9
Antibiotics (Drug for treatment of infections) (DHCR)	3	0.9
Antibiotics (Injectable Antimicrobials) (DHCR)	2	0.6
Fourth generation cephalosporins (DHCR)	2	0.6
Penicillins with extended spectrum (DHCR)	1	0.3
Beta lactamase resistant penicillins (DHCR)	1	0.3
Total prescribed antibiotics	343	99.0



Categories of antibiotics pdf. Antibiotic classification chart pdf. Classification of doxycycline. Classification of antibiotics based on spectrum pdf. Classification of antibiotics by spectrum of activity.

Common resistance strategies are listed here. Expert Opin Drug Metab Toxicol. Pathogens resistant to antibacterial agents. 2007 Jan 01;44(1):79-86. Mechanisms of Resistance and Examples [14] [15] Reducing Intracellular Antibiotic Concentrations Increased effluxDecreased influx Antibiotic Inactivation Enzymatic modificationChemical degradation Target Site Alteration Mutation of the target siteAntibiotic modificationTarget site protectionElimination of the target site Approach to antimicrobial Therapy The causative organisms and infection source are not always known when a patient first presents. Antibiotic therapy is often initiated before an exact infectious disease diagnosis is made and microbiological results are available. Antimicrobial agents are classically grouped into 2 main categories based on their in vitro effect on bacteria: bactericidal and bacteriostatic. [PubMed: 18361954]12.Lynch TJ. [PubMed: 26652832]5.Onufrak NJ, Forrest A, Gonzalez D. Antibiotics are compounds that target bacteria and, thus, are intended to treat and prevent bacterial infections. For example, a bacteriostatic antibiotic such as linezolid can be bactericidal against Streptococcus pneumoniae.[3] This concept works in reverse, and bactericidal antimicrobials may also be bacteriostatic against certain bacterial strains and conditions. [PMC free article: PMC4584728] [PubMed: 24598596]18.Cunha CB. The practice of antimicrobial stewardship revolves around the concept of optimizing antimicrobial therapy and reducing adverse events through economically responsible methods.[18] These interprofessional programs work to identify ways to improve patient outcomes. The lowest concentration that inhibits visible bacterial growth at 24 hours is the MIC.[2] The MBC is the concentration of an antibiotic that reduces bacterial density by 1000-fold at 24 hours.[2] Bacteriostatic activity is further defined by an MBC to MIC ratio greater than 4; whereas, an MBC to MIC ratio less than or equal to 4 is bactericidal.[2] The clinical implications of antibiotic efficacy depend heavily on many factors not limited to: pharmacokinetic and pharmacodynamic principles, the particular bacteria, bacterial load, and site of infection. Some antibiotics necessitate monitoring of drug levels to guide therapy for efficacy and prevention of adverse effects such as vancomycin and aminoglycosides.[12] Renal toxicities may develop if these antimicrobials maintain high trough levels; therefore, monitoring renal function is necessary, in addition to measuring drug levels. The total amount of drug in the body to serum concentration is the volume of distribution.[5] The level of protein binding will affect the availability of the active drug at the site of infection. 2004 Mar 15;38(6):864-70. Emergency department visits for antibiotic-associated adverse events. [Level 5]Review Questions]. Gould K. Distinguishing between resistance, tolerance and persistence to antibiotic treatment. Antibiotic adverse reactions and drug interactions. 2017 Sep 01;177(9):1308-1315. Choosing optimal antimicrobial therapies. Common teaching often explains that bactericidal antibiotics "kill" bacteria and bacteriostatic antibiotics "prevent growth" of bacteria. Whereas, in a simple skin and soft tissue infection that does not require hospitalization, narrower spectrum antibiotics may be given orally.[12]In addition to the possible source(s) of infection, likely pathogens, and situation urgency, different patient factors merit consideration. [12] Patient age, medication allergies, renal and hepatic function, past medical history, the presence of an immunocompromised state, and recent antibiotic usage need to be evaluated before an antibiotic selection. Adverse Reactions Associated with Organ Systems [11] Renal Acute tubular necrosisInterstitial nephritisRenal failureCrystallization in renal tubules Cardiac Hematologic ThrombocytopeniaLeukopeniaAgranulocytosisAbnormal platelet aggregationINR increase (often due to drug interactions) Dermatologic RashErythema multiformeStevens-Johnson syndromeToxic epidermal necrolysis Neurologic OtotoxicityVestibular dysfunctionSeizurePeripheral neuropathy Other HepatotoxicityMyopathyElectrolyte abnormalities (i.e., hypokalemia, hypoglycemia)Drug-induced feverDrug-induced diarrhea Antibiotic Resistance The increased use of antimicrobial agents in clinical practice and other industries such as livestock farming has lead to bacterial resistance to antibiotic agents. If a bacterium does not contain the target for a particular antibiotic, it is known to have intrinsic resistance.[14] Vancomycin, an antibiotic known to target work against gram-positive bacteria, cannot cross the cell wall of gram-negative bacteria.[15] Also, beta-lactam antibiotics require a cell wall to function and, therefore, will not be effective against bacteria such as Mycoplasma species that lack this cellular component.Bacteria also have the capability to gain resistance through attaining resistance genes from other bacteria or developing a mutation resulting in reduced or elimination of antibiotic efficacy. Med Clin North Am. 2012 Nov;96(6):1079-94. Antibiotics used in this manner are referred to as empiric therapy. Crit Care Clin. Absorption, distribution, metabolism, and excretion are the PK components that affect the antibiotic concentration over time.[4] These processes describe how an antibiotic moves through the body from the time it enters the body until the parent drug or metabolites are removed. [PubMed: 26851273]2.Pankey GA, Sabath LD. 2008 Sep 15;47(6):735-43. 2016;12(1):93-114. After bacterial cultures are available and have resulted, antibiotics can then be deescalated to only what is necessary. Antimicrobial Stewardship Programs: Principles and Practice. MMWR Morb Mortal Wkly Rep. Clin Infect Dis. One in five hospitalized patients has been shown to develop an adverse reaction to an antibiotic, and nearly the same proportion of drug-related Emergency Department visits are due to adverse antibiotic reactions.[8][9] An immune-mediated reaction or hypersensitivity is classified as an allergy.[10] This includes IgE-mediated anaphylaxis and angioedema. 2011 Feb;86(2):156-67. Clinical practice. Infect Dis Clin North Am. 2009 Dec;23(4):817-45. vii. Vital signs: improving antibiotic use among hospitalized patients. Comprehensive Guidance for Antibiotic Dosing in Obese Adults. Antibiotic allergy. Bacteriostatic versus bactericidal antibiotics for patients with serious bacterial infections: systematic review and meta-analysis. Classification The pharmacology behind antibiotics includes destroying the bacterial cell by either preventing cell reproduction or changing a necessary cellular function or process within the cell. N Engl J Med. Bacteria may possess resistance to an antimicrobial agent due to intrinsic or acquired properties. The main principles that guide PD are the percent of the time the free drug is over the MIC, the amount of free drug area under the concentration to MIC, and maximum concentration to MIC.[5] Bactericidal activity is either concentration-dependent or time-dependent. This was not always the case. 2016 Mar;71(3):572-5. For example, in a life-threatening infectious disease such as sepsis, empiric broad-spectrum parenteral antibiotics should be administered quickly after sepsis identification and continued until more information is gathered regarding the etiology and causative bacteria.[12] Empiric antibiotics are used to cover all potential bacteria before culture results. Employing interprofessional strategies with open information sharing can improve therapeutic results with antibiotic therapy and minimize adverse events. Not all antibiotics are effective against all types of bacteria. 2016 Apr;14(5):320-30. [PubMed: 16467547]11.Granowitz EV, Brown RB. This includes only using these agents when clinically indicated, targeted therapy based on the susceptibility of the infectious organism, and monitoring of side effects and, where indicated, drug levels. The true definition is not so simple. [PubMed: 25266070]4.Sy SK, Zhuang L, Derendorf H. [PubMed: 27080241]14.Chen LF, Chopra T, Kaye KS. Clinical relevance of bacteriostatic versus bactericidal mechanisms of action in the treatment of Gram-positive bacterial infections. Pharmacokinetics and pharmacodynamics in antibiotic dose optimization. [PubMed: 17143821]7.Meng L, Mui E, Holubar MK, Deresinski SC. Med Clin North Am. 2018 Sep;102(5):797-803. 2017 Nov;37(11):1415-1431. J Antimicrob Chemother. This type of resistance is known as acquired resistance.[14]More than one type of bacterial resistance may be present in a bacterial organism. Medications often reach harmful levels in the body due to reduced metabolism and elimination, or high dosing regimens can cause toxicity due to supratherapeutic drug levels.[11] If a reaction occurs that is not mediated by the immune system and is unrelated to the drug level, then it is considered a side effect.[11]The anticipation of adverse events is warranted when initiating antimicrobial therapy. 2014 Mar 07;63(9):194-200. Clin Ther. 2016 Sep;38(9):1930-47. 2015 Feb;70(2):382-95. This approach attempts to cover all potential pathogens. Antibiotics: from prehistory to the present day. This is further complicated by the ability of some bacteriostatic antibiotics to exhibit bactericidal activity against particular bacteria.[3] Therefore, bacteriostatic antibiotics also kill bacteria, but the laboratory definition makes it seem as if they do not. When microbiology tests result and antibiotic susceptibilities are known, definitive antibiotic therapy can then be tailored to the specific infection etiology.[16]Prophylactic therapy is used to prevent infections in patients who do not have an active infection. [PubMed: 30126571] [PMC free article: PMC5039113] [PubMed: 27449411]6.Ambrose PG, Bhavnani SM, Rubino CM, Louie A, Gumbo T, Forrest A, Drusano GL. [PubMed: 23102478]13.Brauner A, Fridman O, Gefen O, Balaban NQ, Mayo Clin Proc. [PubMed: 28696666]8.Tamma PD, Avdic E, Li DX, Dzintars K, Cosgrove SE. Pharmacotherapy. Pharmacokinetics-pharmacodynamics of antimicrobial therapy: it's not just for mice anymore. Many of these patient factors contribute to the pharmacodynamics and pharmacokinetics of antibiotics that will influence dosing to optimize efficacy. Prophylactic antibiotics are also used before surgical procedures and traumatic injuries such as open fractures and animal bites.[16]The severity of potential bacterial infection will determine the level of aggressiveness in antibiotic therapy. [PMC free article: PMC3031442] [PubMed: 21282489]17.Fridkin S, Baggs J, Fagan R, Magill S, Pollack LA, Malpiedi P, Slayton R, Khador K, Rubin MA, Jones M, Samore MH, Dumyati G, Dods-Ashley E, Meek J, Yousey-Hindes K, Jernigan J, Shehab N, Herrera R, McDonald CL, Schneider A, Srinivasan A. Centers for Disease Control and Prevention (CDC). Microbiol Spectr. [PubMed: 18694344]10.Gruchalla RS, Pirmohamed M. Mechanisms of Bacterial Resistance to Antimicrobial Agents. [PubMed: 14999632]3.Nemeth J, Oesch G, Kuster SP. If an antibiotic displays concentration-dependent killing, for example, fluoroquinolones or daptomycin, the efficacy of bacterial killing increases as the concentration of the antibiotic increases.[6] Penicillins and tetracyclines are time-dependent; therefore, the duration of the effective concentration of these antibiotics determines bactericidal activity.[6]After an antibiotic is absorbed, the distribution influences the extent of antimicrobial activity. PD of an antibiotic describes the drug effect within the body when it reaches the infection target. If an antibiotic is highly protein-bound, there will be less free drug available for an antimicrobial effect, as seen in patients with hypoalbuminemia.[5] Increased adipose tissue in a patient will increase the volume of distribution if a drug has high lipophilicity properties.[7]The location of infection is crucial to note because some antibiotics are inappropriate to treat certain infections. General principles of antimicrobial therapy. Pharmacokinetic and Pharmacodynamic Principles of Anti-infective Dosing. Stewardship programs are increasingly becoming more common to address issues related to antibiotic usage, including combating antimicrobial resistance.Antibiotic therapy and accompanying stewardship require the effort of an interprofessional healthcare team that includes clinicians, mid-level practitioners, pharmacists, and nursing staff. Conflicting data exist as to whether the necessity for bactericidal antibiotics is needed for severely ill or immunosuppressed patients. [3]Types Antimicrobial Agents(3) Drug Class and Specific Antibiotics Bacteriostatic Glycylcyclines: TigecyclineTetracyclines: Doxycycline, minocycline, Lincosamides: ClindamycinMacrolides: Azithromycin, clarithromycin, erythromycinOxazolidinones: LinezolidSulfonamides: Sulfamethoxazole Bactericidal Aminoglycosides: Tobramycin, gentamicin, amikacinBeta-lactams (penicillins, cephalosporins, carbapenems): Amoxicillin, cefazolin, meropenemFluoroquinolones: Ciprofloxacin, levofloxacin, moxifloxacinGlycopeptides: VancomycinCyclic Lipopeptides: DaptomycinNitroimidazoles: Metronidazole Pharmacokinetics and Pharmacodynamics Pharmacokinetic (PK) and pharmacodynamic (PD) parameters are used together to maximize the efficacy of antimicrobial therapy through optimization of dosing in patients. 2018 Jan;6(1) [PubMed: 29327680]16.LeeKha S, Terrell CL, Edson RS. [PMC free article: PMC5710569] [PubMed: 28604925]9.Shehab N, Patel PR, Srinivasan A, Budnitz DS. Certain patients are at higher risk, for example, the elderly, patients with multiple co-morbidities, and hospitalized patients.[8] It is important to monitor patients for reactions as many develop over time. This approach is termed directed antibiotic therapy.[16] Often, empiric antibiotics are broad-spectrum, which refers to medications that target many different types of bacterial classes (i.e., gram-positive, gram-negative, and anaerobic bacteria). To accurately define each category, the minimum inhibitory concentration (MIC) and minimum bactericidal concentration (MBC) must be understood. Antibiotics are common agents used in modern healthcare. In the treatment of meningitis, for example, the penetration of the blood-brain barrier is critical if one wants to achieve therapeutic antibiotic levels at the site of infection to prevent treatment failure.[5] Complications Adverse Reactions All medications have the potential for an adverse reaction, and antibiotics are no exception. JAMA Intern Med. Dyes, molds, and even heavy metals were thought to hold promise for healing.[1] Various microorganisms hold medical significance, including bacteria, viruses, fungi, and parasites. 2006 Feb 09;354(6):601-9. Bacteria have developed mechanisms to promote this resistance in order to survive. The MIC of a bacterial isolate can serve as a metric for bacterial susceptibility to certain antibiotics.[13]A high MIC above the susceptibility threshold to an antibiotic will report as a resistant infection. Association of Adverse Events With Antibiotic Use in Hospitalized Patients. Nat Rev Microbiol. 2008 Apr;24(2):421-42. xi. [PubMed: 19909886]15.van Duijkeren E, Schink AK, Roberts MC, Wang Y, Schwarz S. A Word on Antimicrobial Stewardship In the United States, it has been reported that nearly half of the antibiotics prescribed were incorrect in some way, and almost one-third of antibiotics were deemed unnecessary in hospitalized patients.[17] Appropriate antibiotic use has become a public health issue (CDC 19). Immunocompromised patients may receive prophylaxis against certain opportunistic pathogens. From ancient times, people sought ways to treat those with infections.

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