

STOP-IT Trial Shows Antibiotic Use Can Be Reduced



According to researchers at the University of Virginia School of Medicine and 22 other institutions, the duration of antibiotic treatment for complicated abdominal infections can be cut by half and still remain effective. This could play an important role in preventing the development of antibiotic-resistant superbugs.

The research team looked at the treatment of infections after the source of the infection was addressed and observed that the administration of antibiotics for four days was as effective as treatments spanning eight days.

"There hasn't been a lot of guidance on how long to treat intra-abdominal infections with antibiotics once you've gotten control over the source of infection," said Christopher Guidry, MD, of the UVA Department of Surgery. "In the large scale, antibiotics have some downsides. The increasing prevalence of antibiotic resistance is a problem, so anything we can do to minimise exposure is important."

The primary objective of the Study to Optimize Peritoneal Infection Therapy (STOP-IT) trial was to answer the question: How long a course of antibiotics is really necessary? Since approximately 300,000 cases of appendicitis and 600,000 cases of abdominal infections are reported each year in the U.S., it is important to determine the effective and conservative use of antibiotics. Traditionally, antibiotic treatment is continued till the symptoms disappear but recent guidelines recommend shorter courses of four to seven days.

STOP-IT was launched to provide doctors with more clarity with respect to the duration of antibiotic treatment. 517 patients in the U.S. and Canada who were suffering from an abdominal infection participated in the study. Once their source infections were addressed, half of the participants were given antibiotics until their symptoms had been gone for two days, while the other half were given antibiotics for only four days. The results showed that the outcomes for both groups were similar.

Robert Sawyer, MD, of the UVA departments of surgery and anesthesiology highlights the need for physicians to realise the importance of managing patients suffering from these infections and to opt for a short course of antibiotics in such cases. Sarah Dunsmore, PhD, manages sepsis-related grants for the National Institutes of Health's National Institute of General Medical Sciences, also points out that the findings show that abdominal infections can be controlled much more quickly than expected and the length of antibiotic treatment can be cut in half.

Source: University of Virginia Health System

Image Credit: University of Virginia Health System

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