

OUTPATIENT PRESCRIBING OF FLUOROQUINOLONES FOR UNCOMPLICATED CYSTITIS IN A COMMUNITY HEALTHCARE SYSTEM

Leslie Young, Janice Wesbecher, Adnan Omanovic, Southeast Hospital, 1701 Lacey Street, Cape Girardeau, MO 63701. leyoung@sehealth.org

Urinary tract infections, including uncomplicated cystitis, are the most common outpatient infections in the United States. First-line antibiotics recommended by the Infectious Diseases Society of America (IDSA) for treatment of uncomplicated cystitis include nitrofurantoin, trimethoprim-sulfamethoxazole, and fosfomycin. Fluoroquinolones are recommended as alternative agents due to their propensity for collateral damage. Furthermore, fluoroquinolones have been labeled with numerous safety warnings from the Food and Drug Administration (FDA) for serious adverse effects including tendon rupture, peripheral neuropathy, aortic dissection, and psychiatric side effects. A study by Guo, et al. found that about 30% of patients were given ciprofloxacin prescriptions by outpatient primary care practitioners for uncomplicated cystitis, of which about 92% were inappropriate. After prescriber education, prescription monitoring, and feedback, prescribing of ciprofloxacin decreased to 10.8% of which 84% was inappropriate.

The purpose of this study is to evaluate the appropriateness of fluoroquinolone prescribing for uncomplicated cystitis in the outpatient clinics of SoutheastHEALTH.

This objective will be assessed through a retrospective chart review of non-pregnant females age 18 or older who were evaluated at an ambulatory clinic and prescribed an antibiotic for uncomplicated cystitis from January 1, 2019 through December 31, 2019. Descriptive statistics will be used to analyze data.

The results of the study will be used to implement changes in the outpatient clinics to optimize appropriate antibiotic prescribing for uncomplicated cystitis.

Learning Objective:

- Review outpatient appropriateness of fluoroquinolone prescribing for uncomplicated cystitis.