Acute bacterial skin and skin structure infections (ABSSSI) in the United States are among the most common infections treated in the hospital and are associated with substantial economic burden, inpatient and outpatient resource utilization, and adverse outcomes (including mortality). This study, based on data collected from a national database of hospital claims, aimed to provide descriptive information on the treatment of ABSSSI patients across Germany, Italy, Spain, and France. The study captured patient demographics, hospitalization characteristics, admission source, length of stay, and healthcare resource utilization (HRU). The categorical variables were presented as percentage.

Patients were eligible for inclusion in the analysis if they were hospitalized between January 1, 2013, and December 31, 2013, and had a diagnosis of skin and/or skin structures, with or without cellulitis, or surgical or traumatic wound infection. Two subpopulations were studied as follows:

- Confirmed MRSA ABSSSI patients who had MRSA pathogen confirmed through microbiology lab test
- ABSSSI receiving MRSA active antibiotic, without linezolid IV and linezolid IV during hospital stay

In the timeframe between abstract submission and poster presentation, the ABSSSI collection was updated with the most recently available data. This analysis was performed using standard statistical procedures to provide accurate and consistent results.

Overall, the discharge rates for patients with an antibiotic prescription, the discharge patterns were different across S. aureus active antibiotic groups (Table 3): 40.0% and 46.6% of patients who received discharge for MRSA-IV antibiotics were discharged onto the same therapy, respectively. The categorical variables were presented as percentage. The continuous variables were presented as mean ± standard deviation (SD) (or median [IQR] for non-normally distributed variables). No hypothesis testing was performed. All analyses were conducted using ARMS (2012) Tool (Decision Resources, Burlington, MA, USA).

Key Outcomes of Interest
- Patient demographics and hospital characteristics
- Length of stay (LOS) and healthcare resource utilization (HRU)
- Prescription patterns of antibiotics during hospitalization and at discharge

Statistical Analysis
- Descriptive statistics (mean ± standard deviation, median [IQR], and ranges) were used for variables that followed a normal distribution.
- Categorical variables were presented as percentage.

References
- Lipsky M. Complicated infections of skin and skin structures: when the infection is serious. Antimicrob Agents Chemother 2004; 53(suppl):210-217

Disclosures
This study was funded by The Medicines Company.

ISPOR 20th Annual International Meeting, May 18-20, 2015, Philadelphia, PA, USA
Contact: Kate Sulhan (kate.sulhan@medscope.com)

Results
- Among a national projection of 3,264,457 inpatients with ABSSSI in 2013, 59.0% (1,789,081) were aged 65 years or older and 12.3% (403,310) of these had a hospital stay, major abdominal/cellulitis, or surgical/tissue wound infection.

Conclusions
- Overall, 84% of ABSSSI patients received at least one dose of IV antibiotics during hospitalization.
- Approximately 35% of ABSSSI patients received at least one IV of MRSA-active IV antibiotics during their hospitalization in the US. The active antibiotic groups were vancomycin (26.6%), linezolid (21.0%), clindamycin (15.1%), and ivacillin (9.4%).
- The overall discharge was observed as follows: 74% of patients who received MRSA-active IV antibiotics during hospitalization were discharged without any discharge drug order. 21.0% of patients were discharged with a prescription for non-susceptible MRSA antibiotics without another hospital claim for these antibiotics during hospitalization.
- Among the patients with an antibiotic prescription, the discharge patterns were different across S. aureus active antibiotic groups (Table 3): 40.0% and 46.6% of patients who received discharge for MRSA-IV antibiotics were discharged onto the same therapy, respectively. The categorical variables were presented as percentage. The continuous variables were presented as mean ± standard deviation (SD) (or median [IQR] for non-normally distributed variables). No hypothesis testing was performed. All analyses were conducted using ARMS 2012 Tool (Decision Resources, Burlington, MA, USA).

Table 1. ABSSSI Patient Profile, Healthcare Resource Utilization, and Outcomes (ABSSSI Patients Receiving MRSA-active Antibiotics during Hospitalization)

Table 2. Description Pattern at Discharge among ABSSSI Patients with MRSA-active Antibiotics during Hospitalization and at Discharge