PK/PD IN THE CRITICALLY ILL
ANTIBIOTICS - A REVIEW OF 2010-2018

Coercive determinants of effective dosage regimen for time-dependent antibiotics in critically ill patients.

Purpose: To determine effective dosage regimens for time-dependent antibiotics in critically ill patients.

Method: Observational study of critically ill patients treated with time-dependent antibiotics. A questionnaire was administered to gather information on patient characteristics, antibiotic use, and treatment outcomes. The primary endpoint was the time to eradication of pathogenic bacteria. Multivariate analysis was performed to identify significant predictors of time to eradication.

Results: A total of 100 patients were included in the analysis. The median time to eradication was 3 days (IQR 2-5). The significant predictors of time to eradication were lower age, higher APACHE II score, and higher antibiotic concentrations (p < 0.05 for all).

Conclusion: Effective dosage regimens for time-dependent antibiotics in critically ill patients can be determined by considering patient characteristics and antibiotic concentrations. Further studies are needed to validate these findings.

Optimizing dosing strategies in critically-ill patients using pharmacodynamics-pharmacokinetics (PD-PK) models.

Purpose: To optimize dosing strategies for antibiotics in critically ill patients using PD-PK models.

Method: A retrospective analysis of critically ill patients receiving antibiotic therapy. PD-PK models were used to simulate antibiotic concentrations and exposures, and the impact of dosage adjustments on clinical outcomes was evaluated.

Results: The median time to eradication was 3 days (IQR 2-5). A dosage adjustment algorithm was developed based on PD-PK model predictions. The median time to eradication for patients receiving adjusted dosing was 2 days (IQR 1-3), compared to 4 days (IQR 3-6) for patients receiving standard dosing (p < 0.05).

Conclusion: PD-PK models can be used to optimize antibiotic dosing strategies in critically ill patients, leading to faster time to eradication.

PK/PD in the Critically Ill: Review of 2010-2018

Purpose: To review the latest developments in pharmacokinetic-pharmacodynamic (PK/PD) modeling and their application in critically ill patients.

Method: A systematic review of literature from 2010 to 2018 was conducted. A total of 300 relevant articles were identified and evaluated.

Results: PD-PK models were found to be effective in optimizing antibiotic dosing in critically ill patients, leading to faster time to eradication and improved clinical outcomes. However, challenges such as inadequate sampling and variability in patient characteristics still exist.

Conclusion: PD-PK modeling is a promising tool in critically ill patients, but further research is needed to address limitations and improve clinical implementation.

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