People Improving the Use of Medicines: What We Know and Don’t Know

Bangkok, 26–28 January 2020

Abstract submission form

Before writing and submitting your abstract, please read the Call for Abstracts carefully.

- Abstracts are to be submitted by email: bangkok2020@isium.org
- Deadline: 15th November 2019
- Each presenter will need to submit brief biographical details (approximately 150 words), and each author will be required to sign a declaration of conflicts of interest, as set out in the sample abstract form.
- For abstracts, the type should be in Times New Roman font (12 point).
- The abstract title should be no longer than 20 words.
- The abstract should include the name(s) of the author(s) and presenter and their affiliation(s).
- If there is more than one presenter, all correspondence will be sent to the person whose name and email address is provided with the abstract.
- All abstracts must be written in English.
- The abstract should be a maximum of 300 words (excluding title, names and affiliations) in simple text paragraphs without images or tables.
- Abstracts should include the following headings:
  - Problem statement
  - Objective
  - Method
  - Results
  - Conclusion
  - Conflict of interest
- For material intended for storytelling, a workshop, a video or a conversation starter, the abstract may be more suitable in a narrative format.
Please, **tick one of the five themes of the ISIUM Conference**, reflecting the idea of your abstract.

- Empowering people to improve the use of medicines, taking into account both community and provider, education and empowerment.
- Universal health coverage and use of medicines, including access, insurance & related issues.
- Antimicrobial medicine use, including antimicrobial resistance, stewardship & related issues.
- Government and stakeholder roles, health system infrastructure and policies, and the role of community in holding governments to account.
- Innovation, new and interesting initiatives to improve the use of medicines.

Please **tick one of the following boxes** next to a workshop topic that best describes the content of your presentation (detailed information in *Call for Abstracts*).

- People improving the use of medicines in their local context
- Communicating in the 2020s
- Medicines in society
- Methodology for generating knowledge
- Tools: Successes & innovations
- Policies & systems & regulation

Please **indicate which type of presentation** you wish to make (detailed information in *Call for Abstracts*).

- Oral presentations:
  - Long oral presentation: 10 minutes
  - Rapid-fire: 6 minutes
- Storytelling
- Video presentation
- Workshop
- Conversation starter
- Poster

Presenters of oral presentations and storytelling are asked to provide a written transcript (or outline of the presentation) for distribution at the conference.

Ideally each oral presentation should be accompanied by poster.
Sample Abstract

- Antimicrobial medicine use, including antimicrobial resistance, stewardship & related issues.
- Methodology for generating knowledge
- Long oral presentation: 10 minutes

Randomized Controlled Study of Antibiotic Approval Program on Patients’ Clinical Outcomes and Antibiotic Expenditures

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Problem statement: Piperacillin/tazobactam, imipenem, and meropenem were inappropriately used in 50% of hospitalized patients at Siriraj Hospital. Antibiotic approval is a recommended measure for controlling inappropriate antibiotic use. A concern of this measure is it could have a negative effect on clinical outcomes for the patients whose antibiotics are changed or discontinued.

Objective: To determine effectiveness of antibiotic approval program on patients’ clinical outcomes and antibiotic expenditures

Method: Adult hospitalized patients who were prescribed the target antibiotics (i.e., piperacillin/tazobactam, imipenem, or meropenem) from August to November 2007 were randomized to antibiotic approval group (A) or control group (C). An infectious disease specialist was responsible for antibiotic approval in A group. All participating patients were followed for clinical outcomes and antibiotic expenditures.

Results: The target antibiotics were prescribed to 486 patients (516 episodes) in C group and 462 patients (512 episodes) in A group. The patients allocated to A group had more favorable clinical outcome (68.9% vs. 60.5%, p<0.01), shorter duration of target antibiotics (7.5 d. vs. 9.3 d., p<0.01), shorter duration of all antibiotics (12.7 d. vs. 16.4 d., p<0.01), and lower mortality due to infections (29.4% vs. 35.4%, p<0.05) than those in C group. Multivariate analysis revealed that unfavorable clinical outcome was significantly associated with the C group and having respiratory tract infections. The costs of the target antibiotics and all antibiotics in A group were much less than those in C group. The actual difference in the cost of antibiotic consumption between A group and C group, cost saving, was 143,793 US dollars.

Conclusion: An antibiotic approval program is an effective measure for reducing antibiotic consumption without compromising the clinical outcomes.

Conflict of interest statement (each author to complete)
I declare I have no conflicts of interest.

Signature: ........................................ Date: ........................

OR

I declare the following conflicts of interest:

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Signature: ........................................ Date: ........................