A1-1367 The magnitude of the pharmacodynamic index required for a 24h bacteriostatic effect for *S.aureus* is associated with increased risk of resistance

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Introduction

Pre-clinical pharmacokinetic/pharmacodynamic (pK/pD) models are widely used to define the relationship between antibacterial drug exposure and antibacterial effect (ABE)–usually measured by changes in pathogen viable count.
These investigations allow the dominant pD index to be defined (fAUC/MIC, fT>MIC) and the size of the index to provide a bacteriostatic or bactericidal effect established.
Correlations with human pD studies indicated the size of the pD index best related to human microbiological cure is a 0 to -1 log kill in neutropaenic pre-clinical models.
Such pD index targets are subsequently used in setting clinical breakpoints for different pathogen groups.
The impact of these antibiotic exposures on pathogen population profiles and subsequent risks of emergence of resistance (EoR) have not been adequately studied.

Methods

An *in vitro* pK model was used to simulate free drug concentrations of antibiotic associated with standard dosing. These were daptomycin (dapt) 6mg/kg/d Cmax 6.4mg/L, t¹/₂ 8h;moxifloxacin (moxi) 400mg Cmax 1.6mg/L, t¹/₂ 8h; razupenem (razu) 1g BD Cmax 58mg/L, t¹/₂ 2h; telavancin (tela)10mg/kg/day Cmax 11mg/L, t¹/₂ 7.5h; tomopenem (tomo)1.5g TDS Cmax 90mg/L t¹/₂ 2h.
Using these drug pK, a series of dose ranging studies were performed involving 8-14 dose simulations for each strain tested.

A range of S.aureus strains were used – dapt 6 strains, moxi 7 strains, razu 5 strains, tela 5 strains and tomo 6 strains. 10% Mueller-Hinton Broth was used in all experiments.

•ABE was measured by log change in viable count at 24 hr and EoR by growth on agar containing MICx2 and MICx4 concentrations of the relevant antibiotic.

Results

•The size of the pD index for static and cidal effects at 24h is shown on Table 1.

•The shaded boxes highlight the pD targets for a -1 log drop in *S.aureus* viable count at 24h.

Results

Figure 1 Daptomycin

Figure 2 Moxifloxacin

change in viable count at 24 h (logCFU/mL)

fAUC/MIC ratio relationship to change in viable count at 24hrs - S aureus

log fAUC/MIC

The relationship between the size of the pD index
and the risk of emergence and the number of resistant

 bacteria is shown on Figure 1 dapt, Figure 2 moxi, Figure 3 razu, Figure 4 tela and Figure 5 tomo.

Table 1 The size	e of the pharmac	odynamic index	for bacteriostati	c and bactericid	al effects at 24
Agent	daptomycin	moxifioxacin	razupenem	telavancin	tomopenem
dominant pD index	fAUC/MIC	fAUC/MIC	fT>MIC (%)	fAUC/MIC	fT>MIC (%)
size of the pD index for 24hr static effect	37.2 ± 16.5	21.4 ± 11.6	5 ± 1.4	43 ± 17	8 ± 5
-1 log drop	40.6 ± 17.8	28.8 ± 14.3	12.5 ± 5.8	50 ± 17	12 ± 8
-2 log drop	45.0 ± 18.8	43.5 ± 25.9	21.9 ± 11.1	67 ± 21	16 ± 9
-3 log drop	49.8 ± 19.2	83.7 ± 67.9	36.6 ± 20.1	-	21 ± 3

number o

xperimer

6

8

ALIC/MI

30-50

50-100

with arowth o

4ICx2 plate

73(11)

17(1)



Conclusions

Figure 3 Razupenem

T>MIC relationship to change in viable count at

•The pD index targets associated with a -1 log drop in *S.aureus* viable counts at 24h are related to changes in population profiles in 17-67% of exposures with dapt, 33% with moxi, 33% with razu, 29-50% with tela and 100% tomo.

•Viable counts after these exposures on MICx2-4 containing agar increase from <2 logs pre exposure to 3-4 logs at 24h.

•The use of pD index targets for microbiological efficacy in therapy of *S.aureus* infection are associated with a significant risk of EoR.







acterial count o

MICx2 plates

4.1 ± 1.2

5.9

2.5

<2