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1977. Comparing Acute Kidney Injury Risk among Antibiotic Classes: A Study of the FDA Adverse Event Reporting System (FAERS)
Taylor M. Patek1; Chengwen Teng, PharmD, MSci1; Kai Lin E. Kennedy2; Chin-Hong Poon3; GPC3; RDD3; FACCE3; JPCR3; FFR3; FPC3

Methods. A recent article published in 2018 studied the FDA Adverse Event Reporting System (FAERS) and listed the most commonly administered antibiotics associated with acute kidney injury (AKI). The following results were assessed: 1) the proportion of AKI reports, 2) the severity of AKI associated with the antibiotics, and 3) the trend before and after the implementation of the antibiotic stewardship program (ASP). The objective of this study was to evaluate those antibiotics using FAERS, and to compare their associated AKI risk with this adverse drug event.

Results. The incidence of AKI across the different antibiotic classes is shown in Table 1. The antibiotics most commonly associated with AKI were: 1) carbapenems (13.7%), 2) cephalosporins (13.9%), 3) quinolones (10.8%), 4) aminoglycosides (9.7%), 5) fluoroquinolones (8.9%), and 6) clindamycin (7.9%). The severity of AKI associated with these antibiotic classes was: 1) severe, 2) moderate, 3) mild, 4) minor, 5) very minor, and 6) no effect. The trend before and after the implementation of the ASP is shown in Figure 1. Before the ASP, the incidence of AKI was 13.7%, and after the ASP, the incidence of AKI decreased to 13.9%.

Conclusion. In conclusion, the study found that antibiotics most commonly associated with AKI were: 1) carbapenems, 2) cephalosporins, 3) quinolones, 4) aminoglycosides, 5) fluoroquinolones, and 6) clindamycin. The severity of AKI associated with these antibiotic classes was: 1) severe, 2) moderate, 3) mild, 4) minor, 5) very minor, and 6) no effect. The trend before and after the implementation of the ASP is shown in Figure 1. Before the ASP, the incidence of AKI was 13.7%, and after the ASP, the incidence of AKI decreased to 13.9%.

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