

MRSA Increases Foot Infection Treatment Failures

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SAN FRANCISCO — The isolation of methicillin-resistant *Staphylococcus aureus*, either alone or as part of a polymicrobial infection, was associated with treatment failure in 35% of patients with a diabetic foot infection, Dr. Matthew E. Falagas reported during a poster session at the annual Interscience Conference on Antimicrobial Agents and Chemotherapy.

The finding comes from an analysis of 15 randomized, controlled trials that compared the use of different antibiotics for treating diabetic foot infections.

The analysis showed that “a considerable proportion of patients with diabetes who have infection in [the] foot would not be treated effectively with current [antimicrobial] management,” Dr. Falagas of the Alfa Institute of Biomedical Sciences in Athens, Greece, said in an interview. “As a matter of fact, about one-fourth of all patients fail to be cured with the current antimicrobial regimens and treatment.”

He and his associates found that different regimens of appropriate antibiotics—including penicillins, carbapenems, cephalosporins, and fluoroquinolones—were associated with similar treatment failures. However, in the 68 patients whose infections were caused by methicillin-resistant *Staphylococcus aureus* (MRSA) alone or as part of a polymicrobial infection, treatment failure was 35%, compared with 23% in the 1,522 patients whose infections were caused by different bacteria.

In patients with infections caused by MRSA, the use of linezolid was not asso-

ciated with a significantly lower failure rate, compared with other antibiotics (32% vs. 37%, respectively).

The researchers also observed no significant differences in overall treatment failure when they compared patients who had osteomyelitis with those who did not (27% vs. 23%, respectively).

The treatment failures were

not a matter of patient compliance “because most of these patients were treated in the hospital with [intravenous] antimicrobial agents,” Dr. Falagas said at the conference, sponsored by the American Society for Microbiology.

Dr. Falagas added that the patients who took carbapenems had fewer treatment failures, a finding he did not expect. ■



Treatment failure occurred in 35% of foot infection patients such as this patient, who has an infection caused by MRSA, vs. 23% of patients with other types of foot infections.

COURTESY DR. MATTHEW FALAGAS

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References: 1. Mulligan T, Borel R, Frick M, Zuraw O, Stemhagen A. The HIM Study (Hypogonadism in Males): an epidemiological program to estimate the population prevalence of hypogonadism in men over 45. Poster presented at: Annual Scientific Assembly of the American Academy of Family Physicians; October 13-17, 2004; Orlando, Fla. 2. AndroGel [package insert]. Marietta, Ga: Unimed Pharmaceuticals, Inc; 2005. 3. Swerdloff RS, Wang C, Cunningham G, et al, and the Testosterone Gel Study Group. Long-term pharmacokinetics of transdermal testosterone gel in hypogonadal men. *J Clin Endocrinol Metab.* 2000;85:4500-4510.

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quately controlled on 1,500 mg/day or more of metformin alone to receive either placebo or 100 mg/day of sitagliptin for 24 weeks. The addition of sitagliptin to ongoing metformin therapy resulted in a significant mean placebo-subtracted reduction from baseline in hemoglobin A_{1c} of 0.65%, or 25 mg/dL (1.4 mmol/L) in fasting glucose, and a reduction of 50 mg/dL (2.8 mmol/L) in 2-hour postprandial glucose.

The addition of sitagliptin to metformin had no effect on body weight, nor did it increase the risk for hypoglycemia, compared with placebo, he said.

Dr. Julio Rosenstock, of the Dallas Diabetes and Endocrine Center and the University of Texas Southwestern Medical Center, Dallas, reported the findings of a third study in which 353 patients who had hemoglobin A_{1c} values between 7% and 10% while taking 30 mg or 45 mg/day of pioglitazone were randomized to receive the addition of placebo or 100 mg/day of sitagliptin. At 24 weeks, mean A_{1c} was 7.2% with sitagliptin, compared with 7.8% with placebo, a significant difference.

There was no increase in hypoglycemia with sitagliptin, compared with placebo. The sitagliptin group reported a slightly higher incidence of abdominal pain (3.4% vs. 0), but there were no significant differences in other gastrointestinal adverse events, Dr. Rosenstock reported. ■