Abstract: Background. Analysis of antimicrobial prescription according to patients characteristics is of major interest to prevent resistance.

Method. One-day prevalence survey in a sample of hospitalized patients in 38 voluntary French hospitals by using a questionnaire adapted from ESAC.

Results. A total of 3964 patients were surveyed (39% in medicine, 29% in surgery, 12% in ICUs, and 20% in other departments), including 1276 (32%) with an antimicrobial treatment. Among the latter, 35% received B-lactams+inhibitors, 24% fluoroquinolones (FQ), 22% 3rd generation cephalosporins. 51% were treated for community infections, and 39% for nosocomial infections (10% unknown), including 22% and 34% (p<.01) for >7 days at the date of survey, respectively. 34% of the patients with community infections received >1 drug vs 48% among those with nosocomial infections (p<.01). A total of 23% of patients with antibiotics did not have any microbiological sample drawn (64% among community infections, 24% among nosocomial infections, and 12% among infections of undetermined origin), including 19% with a duration of treatment >7 days at the date of survey. Patients with proven MDR bacteria (8%) were significantly treated with > 1 drug, for a longer duration of time than others.

Conclusion. Despite a large dissemination of guidelines during the last years, 1/4 of patients with community infections received >7 days of treatment, and 1/3 more than 1 drug. More surprisingly, a large proportion of all patients received antimicrobials for more than 1 week without documented infection. Finally, the large proportion of patients receiving FQ should be put in perspective with increased resistance rates Consequently, education and antibiotic stewardship should be implemented in French hospitals.

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