

Partial oral abx non-inferior in endocarditis on left side of heart

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(HealthDay)—Changing from intravenous to oral antibiotic treatment is

non-inferior to continued intravenous antibiotic treatment among patients with endocarditis on the left side of the heart, according to a study published online Aug. 28 in the *New England Journal of Medicine*. The research was published to coincide with the European Society of Cardiology Congress 2018, held from Aug. 25 to 29 in Munich.

Kasper Iversen, M.D., D.M.Sc., from the Herlev-Gentofte University Hospital in Denmark, and colleagues randomized 400 adults in stable condition who had endocarditis on the left side of the heart and were being treated with intravenous [antibiotics](#) to either continue intravenous treatment or switch to oral antibiotics (199 and 201 patients, respectively). Antibiotic treatment was administered intravenously for at least 10 days. Patients in the orally treated group were discharged to outpatient treatment if feasible.

Antibiotic treatment was completed after a median of 19 and 17 days after randomization in the intravenously treated and orally treated groups, respectively ($P = 0.48$). The researchers found that the primary composite outcome of all-cause mortality, unplanned cardiac surgery, embolic events, or relapse of bacteremia with the primary pathogen occurred in 12.1 and 9 percent of patients in the intravenously and orally treated groups, respectively (between-group difference, 3.1 percentage points; 95 percent confidence interval, -3.4 to 9.6 ; $P = 0.4$), which met the criteria for non-inferiority.

"In [patients](#) with endocarditis on the left side of the [heart](#) who were in stable condition, changing to oral [antibiotic treatment](#) was non-inferior to continued intravenous antibiotic [treatment](#)," the authors write.

The study was supported in part by the Novo Nordisk Foundation, and one author disclosed ties to the pharmaceutical industry.

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