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Antibiotic choices for skin, soft tissue infections vary by race

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(HealthDay)—Race is associated with differential management of skin

and soft tissue infections (SSTIs), according to a research letter published online Dec. 23 in *JAMA Network Open*.

Alysse G. Wurcel, M.D., from Tufts Medical Center in Boston, and colleagues assessed disparities in SSTI treatment using data from the national survey of Acute Care Hospital Groups within Vizient Inc. (Oct.16, 2018, to Jan. 13, 2019). The analysis included 1,242 adult inpatients treated for SSTI at 91 U.S. hospitals.

The researchers found that piperacillin-tazobactam and vancomycin were most prescribed and did not differ by race. Cefazolin was more commonly used in white inpatients versus Black inpatients (13 versus 5 percent), while clindamycin was more frequently used in Black inpatients than white inpatients (12 versus 7 percent), even after controlling for methicillin-resistant Staphylococcus aureus colonization, infection, and penicillin allergy. White inpatients were at an increased risk for cefazolin use (adjusted odds ratio, 2.82) and decreased risk for clindamycin use (adjusted odds ratio, 0.54) versus Black inpatients.

"Black inpatients were less likely to receive cefazolin and more likely to receive clindamycin compared with White inpatients," the authors write. "Cefazolin is one of the first-line SSTI treatments. Clindamycin is not recommended given frequent dosing and high potential for adverse effects including Clostridioides difficile infection."

More information: Abstract/Full Text

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