In response to increasing rates of antimicrobial resistance, car-
15.2% and 17.1% for KP
K. pneumoniae (KP)
Nitrofurantoin (NFT)
Most frequently resistant to NFT (60.8%)
10.2% and 5.3% for PA
P. aeruginosa
The highest prevalence of TR occurred among P. mirabilis (33.4%) and
An organism resistant to at least one carbapenem.
Never tested for susceptibility to FFM
Changes in the prevalence of resistance to above antimicrobials
Triple-drug resistance (TR) defined as resistance to at least three
12.0% PA
Trimethoprim-sulfamethoxazole (TMP/SMX)
US acute care hospitals
Received antibiotic treatment on the day of the index culture and
Among 23,331 patients meeting enrollment criteria, 28,057 organisms
Most frequently resistant to FQ (34.4%)
Age < 18
23,331
PA was (Table 2)
Transferred from another acute care facility
To estimate the prevalence of overlapping resistance to commonly utilized
Adults (age >
18 years)
The tension between the need to target appropriate empiric therapy and
13.2% KP
3rd generation cephalosporins (C3)
We performed a multicenter retrospective cohort study in the Pre-
The 10 most commonly isolated organisms accounted for over 90% of all
INTRODUCTION
In the face of rising antimicrobial resistance, clinicians have become 
more selective in the use of broad spectrum agents. However, limited 
data exists for the accurate and timely identification of organisms that 
need to be targeted in the treatment of complicated urinary tract infections (cUTI), including 3rd generation cephalosporins (C3), 
fluoroquinolones (FQ), trimethoprim-sulfamethoxazole (TMP/SMX), and fosfomycin (FFM). Given the tension between the need to target 
appropriate empiric therapy and avoid use of overly broad agents calls for understanding the microbiol-

STUDY AIMS
To understand the current antimicrobial use in the US acute care hos-
To maximize temporal trends in overlapping resistance to commonly used antimicrobials in cUTI

This was followed by a second randomization within the index cUTI hospitalization/Qualifying Cx on

METHODS
Patients and Participants
Inclusion criteria:
Adults with a cUTI index hospitalization/Qualifying Cx on
Exclusion criteria:
Unknown mortality (N = 34)
N = 28,369
In the study, we analyzed the proportion of patients receiving empirical therapy with a first-line antibiotic in multiple serious infections

RESULTS
We performed a multicenter retrospective cohort study in the Pre-

STRENGTHS AND LIMITATIONS
A broad perspective on resistance:
- Expanded knowledge: The study was conducted in diverse settings, providing a broad perspective on resistance.
- Improved understanding: The study allowed for a deeper understanding of the factors influencing resistance patterns.

CONCLUSIONS
The prevalence of resistance among cUTI pathogens is high and varies significantly across different settings and time periods.

REFERENCES

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