Reply to Fries et al and Valentin et al

To the Editor—We thank Fries et al [1] and Valentin et al [2] for their comments about our study [3] and for providing their data. Although their results did not control for confounders, their experience adds to previous work showing that consultation with an infectious diseases specialist improves the management and prognosis of Staphylococcus aureus bacteremia (SAB), as reviewed in our article.

Valentin et al [1] asked for information about adherence to the whole bundle of management parameters during the pre-intervention and intervention periods in our study. This information could not be calculated, because not all of the specific indicators included in the bundle were feasible for all patients, which is why we provided adherence to each specific indicator during the preintervention and intervention periods. They also asked about the impact of the bundle on specific high-risk populations, because they did not find a significant reduction in mortality among elderly patients and those with a high Pitt score or Charlson index. Because older age, a high Pitt score, and a high Charlson index in themselves are associated with an increased risk of death, much bigger sample sizes would be needed to demonstrate the impact of any
intervention on patients with these characteristics, particularly when stratified analysis, rather than analysis of the entire study population, is performed in a multivariate model. It is worth noting, as our article showed, that the bundle was associated with reduced 14-day and 30-day mortality rates, after control for age and Pitt score, and that the results were similar whether age and Pitt score were used as dichotomous variables or continuous variables. In addition, crude analysis revealed that, among patients aged >60 years with a Pitt score of >2, the intervention yielded a nearly statistically significant decrease in 30-day mortality, compared with no intervention (9/32 [28.1%] vs 22/44 [50%]; \( P = .05 \)).

Finally, we emphasize that the main message of our article goes beyond the fact that infectious diseases consultation improves SAB management and outcome. As we stated in our article, 7 of the 12 participating centers were already providing unsolicited infectious diseases consultation for all patients with SAB during the preintervention period, yet there was still room for improvement, even in those centers. Our results suggest that structured interventions aimed at improving a few carefully chosen, evidence-based, quality-of-care indicators provide additional benefits and that they are applicable in different hospitals.

Note

Potential conflicts of interest. J. R.-B. has served as consultant and speaker for Pfizer, Roche, Astellas, Novartis, and Merck and has received research grants from GSK and Novartis. L. E. L.-C. certifies no potential conflicts of interest.

Both authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

References