Choice of antibiotic may influence HRQoL in patients with ABSSSI who inject drugs

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Background
Infectious diseases such as ABSSSI are a common cause of morbidity and mortality in PWID.
Omadacycline is a once-daily intravenous or oral minocycline/methacycline antibiotic approved in the United States for treating ABSSSI and community-acquired bacterial pneumonia in adults.
Differential effects of antibiotics on self-reported health-related quality of life (HRQoL) in PWID could potentially influence patient adherence and treatment outcomes.

Methods
Participants in OASIS-2 completed the 36-item Short Form Health Survey version 2 (SF-36v2) at screening and post-treatment evaluation (PTE; 7–14 days after last dose).
Responses to each item within the eight domains (physical functioning, bodily pain, role physical, general health, vitality, role emotional, mental health, and social functioning) were combined, to generate a score from 0 to 100 (100 indicates best health).

Results
Comparison of change in SF-36v2 scores from baseline to PTE in PWID who received omadacycline or linezolid (OASIS-2)

Self-reported health status in ambulatory acute bacterial skin and skin structure infection patients who inject drugs, who received oral therapy with omadacycline or linezolid

**Objective**
To investigate patient-reported outcomes among persons who inject drugs (PWID) in OASIS-2 (Omadacycline in Acute Skin and skin structure Infections Study 2; NCT02877927), a randomized, double-blind, Phase 3 clinical study comparing oral omadacycline versus oral linezolid for treating adults with acute bacterial skin and skin structure infections (ABSSSI)§

**Conclusions**
PWID with ABSSSI who were treated with omadacycline had greater improvement in patient-reported health status than those treated with linezolid; the differences were significant for role physical and role emotional domains.

Further research is warranted to determine the short- and long-term impact of ABSSSI treatments on physical and social role functioning among PWID.

**References**

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