

Skaggs School of Pharmacy and Pharmaceutical Sciences

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Quantification of QTc Prolongation Due to Antimicrobial Exposure: A Clinical Review

Joanna Dukes, PharmD Candidate and Meghan N. Jeffres, PharmD University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, Aurora, Colorado

BACKGROUND Torsade de Pointes is a life-threatening arrhythmia associated with prolongation of the QT corrected (QTc) interval. A QTc interval over 500 milliseconds (ms) is predictive of increased risk for Torsade de Pointes.

STUDY AIN To quantify the QTc prolongation after exposure to 14 commonly used antimicrobials in the macrolide, fluoroquinolone, and azole antifungal classes.

NETHODS A literature review of PubMed and EMBASE databases was performed in June 2020 using MeSH terms for each antimicrobial in combination with QTc prolongation and/or Torsade de Pointes. Data was extracted and weighted means of QTc prolongation after exposure to a single antimicrobial was determined.

RESULTS

Erythromycin		
Voriconazole		
Moxifloxacin*		
Clarithromycin		
Ciprofloxacin		
Posaconazole		

 Studies reviewed, n=85 Patient populations showed greater changes to QTc compared to healthy volunteers QTc prolongation among

macrolides: erythromycin >

Antimicrobial	Ν	Mean change in QTc ms±SD
Erythromycin	200	32.3±13.6
Clarithromycin	203	12.5±3.8
Azithromycin	339	4.9±6.4
Moxifloxacin*	487	16.4±12.0
Ciprofloxacin	11	10±20

 6.0 ± 5.6

 2.56 ± 24.5

3.9

No data

 0.7 ± 4.3

No data

 -13.6 ± 4.9

9.0±6.3

25.7±9.3



clarithromycin > azithromycin Levofloxacin 186 QTc prolongation among Gemifloxacin 788 Delafloxacin* 52 fluoroquinolones: moxifloxacin > ciprofloxacin > levofloxacin Fluconazole⁺ 0 Ketoconazole 15 > delafloxacin > gemifloxacin Itraconazole[∓] 0 QTc prolongation among azole Isavuconazole 69 antifungals: voriconazole > Posaconazole 302 posaconazole > ketoconazole Voriconazole 226 > isavuconazole

> Table. Mean change and standard deviation to QTc from exposure to each antimicrobial in patient populations. *data from healthy volunteers [†] no high-quality data available

Figure. Mean change in QTc in ms for each antimicrobial in patient populations. *data from healthy volunteers

ACKNOWLEDGMENTS

High-quality data defined as prospective or retrospective studies exclusive of case reports



40

Our thanks to Jase Archer, B.S., for his help with data extraction. The authors have no disclosures.