My top 5 takes on a paper titled

Antimicrobial de-escalation (ADE) in the critically ill patient and assessment of clinical cure: the DIANA study

1 MIXED SAFETY SIGNALS

RCTs have been unable to show evidence of ADE safety convincingly.

Plus there are Qs regarding **selection bias:** patients who are well and have + microbiology are more likely to be "ADE-ed": **of course they do better!**

2 DIANA ASKED THESE QUESTIONS

1) How frequent do physicians perform ADE in ICU?
2) And when they do, does ADE affect clinical cure at day 7?

3 THE RESULTS: BASIC ONES

1495 patients from 152 ICUs in 28 countries were recruited prospectively:

- 1 in 10 (11.5%) were colonized by MDRO prior to empiric Rx.
- 1 in 2 received combo (empiric) Rx .
- Anti-pseudomonal BLBLI was the fav (29.6%)

4 THE RESULTS: DETAILED ONES

- **ADE was unpopular:** only 16% got their Rx de-escalated at day 3 Rx!
- **Clinical cure rate was higher (day 7) in ADE** vs "no change"
- Similar Infection relapse rate and antimicrobial-free days at day 28 in both arms

5 TAKE HOME MESSAGE

Targeted antibiotic de-escalation in ICU at day 3 is safe and may yield higher clinical cure rate.