

People who inject drugs

People who inject drugs (PWID) are known to be at increased risk of infectious diseases including bacterial and blood-borne viral infections. However, there is limited literature surrounding the burden of spinal infections as a complication of injecting drug use (IDU).

Fifty-seven PWID with 63 episodes of [spinal infections](#) were identified with a median hospital stay of 47 days (IQR 16, range 4-243). One-third of episodes required neurosurgical intervention and 11 episodes (17%) required intensive care unit (ICU) admission (range 2-17 days). *Staphylococcus aureus* was the most common causative pathogen, present in three-quarters of all episodes (n = 47). The median duration of antibiotic regime was 59 days (IQR 42) and longer courses were associated with known bacteraemia (p = 0.048), polymicrobial infections (p = 0.001) and active IDU (p = 0.066). Predictors of surgery include neurological symptoms at presentation (RR 2.6; p = 0.010), inactive IDU status (RR 3.0; p = 0.002), a diagnosis of epidural abscess (RR 4.1; p = 0.001) and spinal abscess (RR ∞; p < 0.001). Completion of planned antimicrobial therapy was reported in 51 episodes (82%). Average expenditure per episode was AUD \$61 577.

[Spinal infections](#) in [People who inject drugs](#) are an underreported serious medical complication of injecting drug use. Though [mortality](#) is low, there is significant [morbidity](#) with prolonged [admissions](#), large antimicrobial requirements and surgical interventions generating a substantial [cost](#) to the [health system](#) ¹⁾.

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Ananda RA, Attwood LO, Lancaster R, Jacka D, Jhoomun T, Danks A, Woolley I. The Clinical and Financial Burden of Spinal Infections in People who Inject Drugs. Intern Med J. 2021 May 24. doi: 10.1111/imj.15397. Epub ahead of print. PMID: 34028966.

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