

- ✦ TMP-SMX is an excellent agent for susceptible organisms (e.g. *Enterobacter*), with high oral bioavailability, high tissue penetration (e.g. CNS, bone, soft tissues, lung) with a relatively low likelihood of *C. difficile*.
- ✦ TMP-SMX is an excellent anti-staphylococcal agent, which can be used in staphylococcal skin and soft tissue infections and staphylococcal pneumonia (incl. most MRSA) **without accompanying bacteremia**.
- ✦ Because of resistance with Group A streptococci, TMP-SMX should not be used as monotherapy for non-purulent cellulitis.
- ✦ TMP-SMX has significant safety issues related to renal insufficiency, hyperkalemia and drug interactions in older patients and those with chronic medical conditions (e.g. chronic kidney disease, DM, peripheral vascular disease, etc.), especially when used in settings where patients cannot be carefully monitored (incl. upon discharge). It should, therefore, be used with close monitoring in the elderly, those requiring prolonged treatment, and/or those with diabetes, renal dysfunction, or haematological disease.
- ✦ The risk of Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis is extremely low with TMP-SMX (~4.3 cases/million users in one week). However, it is 8-30 times higher than other antimicrobials.
- ✦ TMP-SMX has significant drug interactions (e.g. warfarin, oral hypoglycemic agents)

Reference:

Roujeau JC, Kelly JP, Naldi L, Rzany B, Stern RS, Anderson T, et al. Medication use and the risk of Stevens-Johnson syndrome or toxic epidermal necrolysis. *N Engl J Med*. 1995;**333**(24):1600-7.