Abstract Group: 10.1. Respiratory Infections

Keyword 1: Pneumonia Keyword 2: Infections Keyword 3: Comorbidities

Title: Analysis of the patients with community acquired pneumonia treated in MHAT “St. Marina”, Varna, Bulgaria for the 2011–2012 period

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Body: Background: Community-acquired pneumonia (CAP) is the most common infectious disease through the world. Aim: To analyze patients with CAP according to C-reactive protein (CRP) levels, CRB-65 and CURB-65 scores, the concomitant diseases, the antibacterial treatment. Methods: A retrospective survey for the period of 2 years that includes 870 consecutive hospitalized patients with CAP, mean age 59,82 ± 16,96 years, 43,6% men (n=379), 133 of them were in intensive care unit (ICU). CRB65 and CURB65, CRP, antibiotic treatment, influence of co-morbidity and outcomes have been studied. Results: Prevaling CURB65 score in the ICU is 3 (27,4%) and in the hospital ward 0 (39,3%) (influenced by social factors). There is a significant difference in CRP levels at admission and after treatment among the patients in the hospital ward and these in the ICU (t = –6,284, p < 0,001), as well as among the survived and diseased patients (z = –4,673, p < 0,05). There is no difference in the CRP levels at admission in patients with and without concomitant diseases. After treatment CRP levels are higher in patients with co-morbidity (t = –4,723, p < 0,001). There is a statistically significant relationship in CRP levels at admission and: CRB65 (F = 8,3607, p = 0,000), CURB65 (F = 8,882, p = 0,000), age (F = 5,1087, p = 0,0004). Adding macrolide to beta-lactam antibiotics do not improve outcomes at the end of the treatment (p > 0,05). Quinolones as a part of initial treatment or as a second choice after treatment failure lead to the most significant CRP levels drop (F = 10,8694; p = 0,0000). Conclusion: Social factors have a large influence in decision making whether to hospitalize patients with CAP. Quinolones improve CRP levels in most.