

# European Respiratory Society Annual Congress 2013

**Abstract Number:** 5145  
**Publication Number:** P2746

**Abstract Group:** 10.1. Respiratory Infections

**Keyword 1:** Pneumonia **Keyword 2:** No keyword **Keyword 3:** No keyword

**Title:** Epidemiology, antimicrobial resistance and clinical outcomes in nursing home associated pneumonia compared to community acquired pneumonia

Dr. Yun-Seong 22367 Kang oak118@daum.net MD <sup>1</sup>, Dr. Gun Min 22368 Park pgmdr1115@gmail.com MD <sup>1</sup>, Prof. Dr Jin Young 22369 Oh indr71@hanmail.net MD <sup>1</sup>, Dr. Ina 22370 Jeong inajeong@gmail.com MD <sup>2</sup>, Prof. Dr Yun-Jeong 22371 Jeong ysyoonmd@gmail.com MD <sup>1</sup> and Prof. Dr Young-Soon 33049 Yoon ysyoonmd@gmail.com MD <sup>1</sup>. <sup>1</sup> Department of Internal Medicine, Dongguk University Ilsan Hospital, Dongguk University College of Medicine, Goyang, Republic of Korea and <sup>2</sup> Department of Internal Medicine, National Medical Center, Seoul, Republic of Korea .

**Body:** Health care associated pneumonia (HCAP) is treated as hospital acquired pneumonia (HAP) rather than community acquired pneumonia (CAP) according to guideline published in 2005 due to possible multidrug resistance. However, controversies exist whether high mortality of HCAP results from not multidrug resistant pathogen or underlying disease. The patients with nursing home associated pneumonia (NHAP) consist mostly of HCAP. We aimed to find differences in mortality and contributing factors between NHAP and CAP. We retrospectively evaluated patients older than 65 years old admitted to a university hospital in South Korea with either CAP or NHAP. Among 91 patients, 48 patients had CAP and 43 had NHAP. Patients with NHAP had higher mortality, need for ventilator, and severity of pneumonia by CURB-65 score than CAP. Forty eight percent of patients with NHAP had neurologic disorders compared to 6% in CAP. The incidence of aspiration and poor functional status was higher in NHAP. Fourteen among 28 NHAP patients but none of 11 CAP patients had multidrug resistant pathogens (p=0.003). Most of patients with NHAP were treated with broader spectrum antibiotics such as piperacillin/tazobactam and/or fluroquinolone. Five patients with NHAP died at discharge compared to 1 patient with CAP (p=0.002). However, there was no association between mortality rate and presence of multidrug-resistant pathogen. The patients with NHAP had higher mortality compared to patients with CAP. However excess mortality was related underlying disorder and functional status but not to the presence of multidrug resistant pathogens.