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Title: Dynamic of adherence to guidelines for antibiotic therapy of community-acquired pneumonia (CAP)

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Body: To estimate in dynamic correspondence to national guidelines introduced in 2003 and 2007 and efficacy of antibiotics (A) prescription for treatment of patients with CAP comparative analysis of A therapy of 158 inpatients (Pt) treated in 2006 (Gr1) and 153 Pt treated in 2012 (Gr2) was performed. In Gr1 average age of Pt was $48,5 \pm 18,4$ years old, 81 (51,3%) were male. In Gr2 average age of Pt was $55,4 \pm 16,5$ years old, 65 (42,5%) were male. Most of Pt of both groups treated with recommended A, but in Gr2 this index was higher than in Gr1 – 140 (91,5%) Pt and 108 (68,4%) Pt, agreeably ($p < 0,001$). The most frequently prescribed A in the both groups were cephalosporines III generation with macrolides at 71 (44,9%) Pt of Gr1 and at 35 (22,9%) Pt of Gr2. More than one third (35,9%) Pt of Gr2 received cephalosporines III generation+levofloxacin ($p < 0,05$). Combination of amoxicillin/klavulanates+macrolides more frequently prescribed at Gr1 (32 (20,2%) Pt), than in Gr2 (14 (9,2%) Pt) ($p < 0,05$). Levofloxacin only was used by 25 (16,3%) Pt of Gr2, but any Pt of Gr1 did not received this A. Incorrect A prescription in the both groups included error combinations of A at 32 (22,9%) Pt of Gr1 and 13 (8,5%) Pt of Gr2 ($p < 0,001$). At Gr1 “classic” fluoroquinolones, cephalosporines I generations, amikacin were prescribed but not recommended for CAP therapy. Higher adherence to guidelines in Gr2 resulted in higher efficacy of treatment: complete or partial recovery was at 145 (91,8%) Pt of Gr1 and 141 (92,2%) at Gr2, 4 (2,5%) Pt of Gr 1 were died, but all Pt of Gr2 survived. Thus during 6 years adherence to prescription of A accordance with guidelines increased on 29,6%. It is improve outcome of CAP.