Title: Comparison of scoring systems use for estimation of severity of community acquired pneumonia

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Body: Introduction: Estimation of Community acquired pneumonia (CAP) severity is important for patient management. Some scoring systems for estimation are: Pneumonia severity index-PSI, CURB, CURB-65 and CRB-65 index and A-DROP system. Aim of this study was to compare predictive values of these scoring systems regarding to severity of CAP. Method: Study was done at Clinic for pulmology, Belgrade, in 100 hospitalized patients with an admission diagnosis of CAP, which were categorized into PSI, CURB, CURB-65, CRB-65 and A-DROP risk classis. Results: The study included 100 patients (men 65, women 35), age range 23-87 years. The patients rates with PSI risk classis I, II, III, IV and V were 15%, 16%, 27%, 28%, 14% respectively. Using CURB index rates were 34%, 49%, 9%, 6% and 2% for scores 0, 1, 2, 3, 4 respectively. CURB-65 shows 26%, 31%, 34%, 6%, 2% and 1% with score 0, 1, 2, 3, 4 and 5 respectively. Patients rates for CRB-65 scores 0, 1, 2, 3 and 4 were 44%, 43%, 9%, 3%, 1% respectively. The patients rates for A-DROP system were 24%, 30%, 30%, 13%, 2%, 1% for scores 0, 1, 2, 3, 4, 5 respectively. 9% of patients were died. 28% of patients had chronic obstructive pulmonary disease (COPD). Conclusions: Patients were hospitalized more common then that was indicated by scoring systems (some were hospitalized for social reasons). PSI is more adjective for estimation of CAP severity, but CURB, CURB-65, A-DROP and especially CRP-65 have the benefit of being easy to calculate and simple to use. CURB-65 and A-DROP show similar results for estimation of degree of the disease. Neither of these scoring systems use COPD as category for assessment (PSI and A-DROP only include arterial blood gas analyses).