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

Dr. Vanya 15226 Kostadinova v_vanqkostadinova@abv.bg MD ¹, Prof. Dr Yordan 15227 Radkov doc_radkov@mail.bg MD ¹ and Prof. Iskra 15228 Mircheva mircheva_is@abv.bg ². ¹ Pneumology and Phthisiatry, MHAT "St. Marina", Varna, Bulgaria, 9000 and ² Social Medicine and Health Care Organisation, Medical University -Varna, Varna, Bulgaria, 9000 .

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 $59,82 \pm 16,96$ 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:Prevailing 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.