




Is CRP-guided antibiotic treatment a safe way to reduce antibiotic use in severe hospitalised patients with exacerbations of COPD?

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A reduction in antibiotic use to treat COPD must be safe for the patient <http://bit.ly/2GxGpTO>

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To the Editor:

We read with great interest the well-conducted clinical trial on C-reactive protein (CRP)-guided antibiotic treatment in admitted patients with acute exacerbations of COPD by PRINS *et al.* [1]. This is a study showing that the use of CRP can potentially assist clinicians in making more prudent use of antibiotics in patients with severe exacerbations, as has also been found in the primary care setting [2]. One of the striking results is, however, the disturbingly high rate of treatment failure observed of approximately 24% at 10 days and 45% at 30 days, as pointed out in the accompanying editorial [3], and consistent with this high rate of treatment failure is a remarkably short time to next exacerbation of less than 1 month [1]. Since the percentage of patients treated with antibiotics in both study groups was very low (31% and 46%), it would be necessary to rule out that the reduction in the use of antibiotics is not responsible for an increase in clinical failures in this population with severe exacerbations of COPD. For comparison, a recent study using CRP to guide antibiotic use in much milder COPD patients in an ambulatory setting resulted in 57% of patients treated with antibiotics [4], in contrast to the 31% antibiotic prescription in CRP guided therapy in severe hospitalised patients in the study by PRINS *et al.* [1].