

OPTIMIZATION OF ANTIMICROBIAL CHEMOTHERAPY IN PATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA, CAUSED BY VIRAL-BACTERIAL ASSOCIATION

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Abstract

The *aim* of the study was to evaluate the clinical and economical effectiveness of combination of antibacterial and antiviral agents in treatment of patients with moderate community-acquired pneumonia (CAP), caused by viral-bacterial association.

Materials and methods. 106 patients, admitted to the hospital with CAP on the background of acute viral respiratory disease, were randomized in two groups. All patients received sequential antibacterial therapy with i.v. amoxicillin/clavulanate or ceftriaxone in combination with oral azithromycin, switched on oral amoxicillin/clavulanate or cefuroxime axetil, respectively. The patients from 1st group were additionally treated with antiviral medication vitaglutam 90 mg once daily. All patients were examined using physical and laboratory tests. Biological samples of all patients were also tested in order to identify bacterial and viral pathogens.

Results. The reduction of duration of antibiotic use, lower rate of infectious complications and faster clinical and laboratory improvement were observed in patients of 1st group. The data of pharmaco-economic analysis indicated that the cost of antimicrobial therapy was lower in the 1st group as well.

Conclusion. A sequential antibiotic therapy in combination with antiviral medication vitaglutam significantly increased the effectiveness of treatment of patients with CAP, caused by viral-bacterial association.

Key words: community-acquired pneumonia, antibiotics, effectiveness of treatment, vitaglutam.

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