

## RATIONAL ANTIBIOTIC THERAPY OF GROUP III COMMUNITY-ACQUIRED PNEUMONIA PATIENTS

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### *Abstract*

The *aim* of the study was to evaluate the clinical and economical effectiveness of differentiated antibacterial therapy of group III community-acquired pneumonia (CAP) patients.

*Materials and methods.* 243 patients, admitted to the hospital with CAP were randomized in three groups in 1:1:1 ratio. All patients received sequential antibacterial therapy with i.v. amoxicillin/clavulanate or ceftriaxone in combination with oral azithromycin or i.v. levofloxacin alone switched to oral amoxicillin/clavulanate, cefuroxime axetil or levofloxacin, respectively, after initial improvement in 3–4 days. A comparative effectiveness analysis was performed based on clinical, laboratory and economic data.

*Results.* Treatment outcomes in all subgroups of patients were similar: in 1<sup>st</sup> subgroup the cure rate was  $(80,2 \pm 4,4) \%$ , improvement — in  $(12,4 \pm 3,7) \%$  of patients; in 2<sup>nd</sup> and 3<sup>rd</sup> subgroups the cure/improvement rates were  $(76,5 \pm 4,7)/(14,9 \pm 4,0) \%$  and  $(83,9 \pm 4,1)/(11,2 \pm 3,5) \%$ , respectively ( $p > 0,05$ ).

*Conclusion.* A sequential antibiotic therapy with amoxicillin/clavulanate, ceftriaxone/cefuroxime axetil in combination with azithromycin or levofloxacin is recommended in clinical group III CAP patients.

**Key words:** community-acquired pneumonia, antibiotics, effectiveness of treatment, cost

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