

**CLINICAL EFFICACY AND PHARMACOECONOMIC INDICES
OF EMPIRIC ANTIBIOTIC THERAPY
IN GROUP II 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 II patients with community-acquired pneumonia (CAP).

Materials and methods. 72 out-patients with mild CAP and concomitant diseases and/or previous antibiotic therapy within three months were randomized in three groups in 1:1:1 ratio. All patients received empiric antibacterial therapy with oral amoxicillin clavulanate, cefuroxime axetil, or levofloxacin. A comparative effectiveness analysis was performed based on clinical, laboratory and economic data.

Results. Treatment outcomes in all subgroups of patients were similar: in 1st subgroup the cure rate was $(83,3 \pm 7,6) \%$, improvement — in $(8,3 \pm 5,6) \%$ of patients; in 2nd group the cure — $(75,0 \pm 5,6) \%$, improvement — $(12,5 \pm 8,8) \%$ and in 3rd subgroup the cure — $(83,3 \pm 7,6) \%$, improvement — $(12,5 \pm 8,8) \%$ ($p > 0,05$).

Conclusion. The results of this trial demonstrated high effectiveness of study therapy which may be recommended in clinical group II CAP patients.

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

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