

# THE COURSE AND THERAPY OF COMMUNITY-ACQUIRED PNEUMONIA IN PATIENTS WITH DIABETES MELLITUS

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*Abstract*

*Aim:* to detect peculiarities of community-acquired pneumonia (CAP) in patients with diabetes mellitus (DM), to estimate efficacy, correspondence to national guidelines, safety of the antibiotic treatment.

*Material and methods.* Prospective study of the course and antibacterial therapy of CAP in 37 patients with type II DM was conducted. Average age was  $64,9 \pm 11,5$  years, males — 15 (40,5%), females — 22 (59,5%). Subjective, objective, laboratory and instrumental signs of CAP, risk of death according to PSI, CURB-65 scales, correspondence to national guidelines, safety of the antibiotic treatment, influence to the glucose level were evaluated.

*Results.* CAP was characterized by a complicated course in 14 (37,8 %) patients. A DM control was lost in 30 (81,1 %) patients. It was established that all prescribed antibiotics corresponded to recommendations for CAP treatment. Fluoroquinolones were prescribed to 33 (89,2%) patients. Unjustified use of alternative combination of 3rd generation cephalosporines and levofloxacin in moderate CAP patients was registered in 24 (64,9%) cases. Uncontrolled DM with high hyperglycemia and fluctuating glucose level was observed in 11 (42,3 %) patients treated with levofloxacin and in all patients on gatifloxacin. One patient, treated with levofloxacin died due to hypoglycemia, which developed after recovery from CAP.

*Conclusion.* Taking into account the frequency of uncontrolled DM in CAP patients and complicated course of the disease, fluoroquinolones should not be used as antibiotics of choice in DM patients. Its use could only be possible under vital indication and strict blood glucose monitoring.

**Key words:** community-acquired pneumonia, diabetes mellitus, fluoroquinolones.

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