

PHARMACOECONOMIC ASPECTS OF ETIOTROPIC CHEMOTHERAPY FOR PATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA OF VIRAL-BACTERIAL ETIOLOGY

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Abstract

The aim of the study — to determine the clinical efficacy and pharmacoeconomic feasibility of using a drug of antiviral activity of vitaglutam in the complex treatment of patients with community-acquired pneumonia (CAP) of the viral-bacterial etiology.

Materials and methods. We examined 98 patients with clinical group III CAP, in whom the virus-bacterial etiology of the disease was established according to the results of microbiological studies. All patients were randomized into 2 groups: the first (main) group included 50 patients who received complex antimicrobial therapy in combination with the antiviral drug vitaglutam. The second (control) group included 48 patients who were prescribed only antibiotic therapy.

Methods — clinical, microbiological, radiological, laboratory, statistical.

Results. In patients with CAP of viral-bacterial etiology, the additional inclusion of the antiviral drug vitaglutam in empirical sequential antibiotic therapy can significantly reduce the frequency of infectious complications, the term of their occurrence, the duration of antibiotic therapy, and the time to achievement positive treatment results. A pharmacoeconomic analysis using the “cost minimization” method allowed us to establish that despite the fact that the cost of antimicrobial therapy in the main group was 18.1 % higher due to the additional use of an antiviral drug, the total cost of treatment was 20.6 % lower ($p < 0.05$) than in the control, which is explained by the shorter ($p < 0.05$) stay of these patients at the hospital and corresponding decrease in the costs associated with hospitalization.

Conclusions. Clinical efficacy, safety and pharmacoeconomic data confirmed the feasibility of using antiviral drug vitaglutam in combination with adequate antibacterial therapy during the outbreaks of acute respiratory viral infections in virus-bacterial CAP patients. This approach can reduce the length of hospital stay, decrease the incidence of infectious complications and significantly reduce total cost of treatment.

Key words: community-acquired pneumonia, antimicrobial chemotherapy, vitaglutam, pharmacoeconomics.

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