

ANTIBIOTIC THERAPY IN ACUTE EXACERBATION OF COPD: AN OPTIMAL WAY TO SUCCESS

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Abstract

Currently, chronic obstructive pulmonary disease (COPD) is the third leading cause of death globally. Acute exacerbation of the disease is associated with fast clinical deterioration, increased respiratory tract inflammation and lung function disorders. Acute exacerbation of COPD dramatically worsens patient's prognosis and serves as an important indicator of therapy effectiveness. Family practitioner should recognize this condition and correctly chose proper antibiotic. Diagnosis of COPD exacerbation is based on clinical manifestations of the disease. Depending on presence of primary or secondary symptoms COPD exacerbations are divided into several types. Antibiotic therapy appears to be more beneficial in patients with type 2 or 3 exacerbation. Sputum purulence is considered an obligatory symptom.

As a rule, in complicated course of acute exacerbation of COPD protected aminopenicillins or 3rd generation cephalosporins are the first-line antibiotics. In most cases of COPD exacerbation antibiotics are prescribed orally. If first-line antibacterial therapy fails, the respiratory fluoroquinolones (levofloxacin or moxifloxacin) are prescribed. The author, using her own experience with levofloxacin, gives an example of proper choice of antibiotic if such a situation. Successful experience of management of acute exacerbation of COPD may be useful for general practitioners, physicians, pulmonologists.

Key words: chronic obstructive pulmonary disease, exacerbation, antibiotic therapy, levofloxacin.