Narrow-spectrum Abx feasible in healthcare-associated pneumonia

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(HealthDay)—It may be safe to switch from broad- to narrow-spectrum antibiotic coverage once hospitalized patients with healthcare-associated pneumonia reach clinical stability, according to a study published online Oct. 3 in the *Annals of the American Thoracic Society*.

Whitney R. Buckel, Pharm.D., from Intermountain Medical Center in Murray, Utah, and colleagues compared the outcomes between patients who were transitioned to broad- (fluoroquinolone) versus narrow-spectrum (usually a beta-lactam) oral antibiotics after initially receiving broad-spectrum intravenous antibiotic coverage. The study included 173 inpatients with microbiology-negative healthcare-associated pneumonia (2010 to 2013).

The researchers found that age, severity, comorbidity, length of intravenous therapy, and clinical response were similar between the two groups. The groups were also similar with respect to observed 30-day readmission (P = 0.26) and 30-day all-cause mortality (P = 0.68). Similarly, in multivariable analysis, there were no significant differences between narrow- and broad-spectrum oral antibiotic groups for adjusted odds of 30-day readmission (adjusted odds ratio, 0.56; P = 0.61) or 30-day all-cause mortality (adjusted odds ratio, 0.55; P = 0.26).

"Based on analysis of a limited number of patient observed retrospectively, our findings suggest that it may be safe to switch from broad-spectrum intravenous antibiotic coverage to a narrow-spectrum oral antibiotic once clinical stability is achieved for hospitalized patients with healthcare-associated pneumonia when no microbiological diagnosis is made," the authors write.

More information: Full Text (subscription or payment may be required)