肺炎臨床診療指引評析

Practice guidelines for pneumonia

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Pneumonia is a leading causes of death in the world and is the 3rd leading cause of death in Taiwan in 2016. Many international guidelines have been published on pneumonia, by many groups including the IDSA, ATS, ERS, BTS, Canadian, and different countries including South Africa and Taiwan. Guidelines cover community-acquired pneumonia (CAP), hospital-acquired pneumonia (HAP), ventilator-associated pneumonia (VAP), which recently excluded health-care associated pneumonia (HCAP).

Key issues discussed in CAP guidelines include severity scores to guide decisions to site of care, initial antibiotic treatment including empiric coverage of atypical pathogens, antibiotic de-escalation, switching from IV to oral antibiotic therapy and duration of antibiotic treatment. The ATS emphasizes certain modifying factors that increase the risk of infection with drug-resistant and unusual pathogens, including for drug-resistant *Streptococcus pneumonia* (DRSP), enteric gram-negative organisms, *Pseudomonas aeruginosa.*

In the ATS/IDSA guidelines for HAP and VAP in 2016, a major change was the exclusion of HCAP. This was based on a recent meta-analysis of 24 studies including more than 20,000 patients, which found that HCAP risk factors were neither sensitive nor specific in identifying at-risk patients for MDROs. Major issues discussed in the guidelines included risk factors for having multidrug resistant organisms (MDRO) in VAP, whether monotherapy or combination therapy is warranted for *P.aeruginosa* infection and the shortening of duration of treatment to 7 days. An emphasis was placed on local microbiologic data to provide better guidance.

We are reminded that guidelines cannot always account for individual variation among patients, and are not intended to supplant physician judgment with respect to particular patients or special clinical situations. Nevertheless, consistent implementation of guidelines has proven benefits for clinically important outcomes such as mortality, rate of admissions to the hospital or ICU.