

Is Guideline Concordance of Antibiotics for Patients With Community-Acquired Pneumonia Associated With Mortality?

STUDY DESIGN

- **Retrospective cohort study** of 1,909 elderly patients who survived hospitalization for community-acquired pneumonia (CAP)

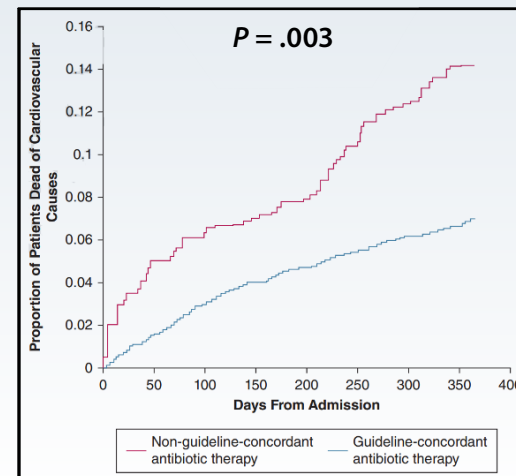
CAP Guidelines:	
Non-ICU	beta-lactam + macrolide/doxycycline OR fluoroquinolone monotherapy
ICU	broad spectrum beta-lactam + macrolide/doxycycline/fluoroquinolone

RESULTS

Guideline-concordant antibiotics were associated with:

- A trend toward **lower all-cause mortality** at 1 year (HR 0.82; 95% CI, 0.65-1.04)
- Almost **50% reduction in cardiovascular death risk** 1 year later (HR 0.53; 95% CI, 0.34-0.80)

Time to cardiovascular mortality in the year following CAP hospitalization by guideline concordance at time of infection.



Use of guideline-concordant antibiotic therapy for CAP treatment in elderly hospitalized patients is associated with significant reduction in risk of cardiovascular death at 1 year post-CAP.