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.

**STUDY DESIGN**

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

**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)

**CAP Guidelines:**

<table>
<thead>
<tr>
<th>Non-ICU</th>
<th>beta-lactam + macrolide/doxycycline OR fluoroquinolone monotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU</td>
<td>broad spectrum beta-lactam + macrolide/doxycycline/fluoroquinolone</td>
</tr>
</tbody>
</table>

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.