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Title: Health care associated pneumonia versus community acquired pneumonia: Comparison of etiology, treatment and prognosis

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Body: Introduction Since 2005 and according to the ATS/IDSA, Health care associated pneumonia (HCAP), is a novel category of pneumonia that has been grouped into the group of nosocomial pneumonias, because differs from community-acquired pneumonia (CAP) concerning etiology, treatment and prognosis. Objectives The aim of this study was to compare the etiologic agents, therapeutic regimens and prognosis between HCAP and CAP. Methods We analyzed retrospectively the pneumonia admissions in the period of April 2010 to March 2011, in the Pulmonology Unit of a District Hospital. We compared HCAP vs CAP regarding clinical and epidemiological characteristics, comorbidities, functional status, previous antibiotic treatment, risk stratification by Pneumonia Severity Index(PSI) and CURB 65 score, etiologic agents, therapeutic regimens, hospital length and mortality. Results A total of 221 patients has been included, 89 (40.3%) with HCAP and 132 (59.7%) with CAP. Statistic significant differences favoring HCAP were observed in the following variables: older age (75,6 yr avr), presence of cerebrovascular disease (66,7%), poor functional status (74,1%), previous antibiotic treatment (53,9%), more severe disease (CURB65-2,2), predominance of gram negative bacteria (33,6%), higher mortality rate (68,4%) and initial empiric therapy (piperacilin/tazobactam plus aminoglicoside- 63,2%). Conclusions Our results confirm the greater severity and worse prognosis of HCAP. In this group the most frequent agents were the gram negative bacteria. Accordingly, the empirical antibiotic therapy should cover not only the usual CAP agents, but also the causative agents associated with nosocomial pneumonia.