# European Respiratory Society Annual Congress 2012 

Abstract Number: 4279<br>Publication Number: P4370


#### Abstract

Group: 10.1. Respiratory Infections Keyword 1: Pneumonia Keyword 2: Infections Keyword 3: Primary care


Title: Efficacy of oral moxifloxacin monotherapy for Japanese HCAP patients with low potentially drug-resistant pathogens

Dr. Yu 25320 Kasamatsu yu-gyne@mail.goo.ne.jp MD ${ }^{1}$, Dr. Kiyokazu 27126 Yoshinoya yoshinoya.kiyokazu@jp.panasonic.com MD ${ }^{1}$, Dr. Masatoshi 27127 Kadoya kadoya.masatoshi@jp.panasonic.com MD ${ }^{1}$ and Dr. Yoshihiro 27128 Kasamatsu yoshihiro.kasamatsu@jp.panasonic.com MD ${ }^{1} .{ }^{1}$ Respiratory Medicine, Matsushita Memorial Hospital, Osaka, Japan, 570-8540 .

Body: Background: Moxifloxacin (MFLX) is one of the recommended drugs for the patients with low potentially drug-resistant pathogens according to Japanese healthcare-associated pneumonia (HCAP) guideline. The difference between MFLX monotherapy and combination therapy of MFLX and $\beta$-lactam for Japanese HCAP patients was unclear. Method: A retrospective cohort study was conducted at Matsushita Memorial Hospital in Japan. Eligible patients were diagnosed as mild or moderate grade HCAP with chest radiography findings and their history and treated with oral MFLX. The evaluation of efficacy was judged from improvement of clinical symptom, laboratory data and chest radiography findings within 7days. Result: Of 151 Japanese HCAP patients from December 2008 to October 2011 were eligible. Their mean age was 74.6 years (SD 11.4), and 101 patients ( $66.9 \%$ ) were treated with MFLX monotherapy. Efficacy rate was $81.2 \%$ and $80 \%$ ( $p=$ n.s.). The rate of gastroenterological trouble in the combination therapy group was significantly higher than that of the trouble in the monotherapy group ( $\mathrm{p}=0.05$ ). Conclusion: Combination antibiotic therapy did not improve the outcome in HCAP patients with low potentially drug-resistant pathogens. If HCAP patients with low potentially drug-resistant pathogens can ingest, they should be treated with oral MFLX monotherapy.

