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Title: Community acquired and health-care associated pneumonia: Should we own follow guidelines?

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Body: Treatment of healthcare-associated pneumonia (HCAP) according to published guidelines recommend initial broad-spectrum antibiotics and de-escalation based on culture results. This study aims to investigate the in-hospital and 30-day mortality and LOS in both CAP and HCAP non-immunocompromised (NIC) and HCAP immunocompromised (IC) related to the empirical antibiotic therapy started at admission, before microbiological data availability. All patients admitted to a university tertiary care hospital in Milan with a diagnosis of pneumonia from 2005 to 2011 were prospectical enrolled. CAP, HCAP and immunocompromised were identified on the basis of the existing criteria. Therapies of two periods (T1: 2005-2007 and T2: 2010-2011) have been compared. Ongoing Results A total of 275 patients, 135 HCAP, were included in the analysis. T1 accounted for 240 CAP, 40 HCAP-NIC and 80 HCAP-IC. T2 (partial results) accounted for 20 CAP, 4 HCAP-NIC, 11 CAP-IC. During T1, culture positive were 23.3% and culture negative 55%. The majority of CAP was started with monotherapy (51.7%), while the most of HCAP with dual-therapy (NIC 45%, IC 41.3%). Triple-therapy was addressed for 9.2% of CAP, 12.5% of HCAP-NIC and 25.0% of HCAP-IC. During T2, culture positive were 17.1% and culture negative 80%. The majority of CAP and HCAP-IC started a dual-therapy (55% and 54.5%), while 50% of HCAP-NIC had a monotherapy. Triple-therapy was started in 5% of CAP, 25% of HCAP-NIC and 18.2% of HCAP-IC. In CAP of both periods none of the patients treated with triple-therapy died, and there were no differences for mortality between mono and dual-therapy. HCAP with dual therapy had less mortality than both monotherapy and triple-therapy.