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Title: Evaluation of moxifloxacin (MXF) as empiric antibiotic therapy of CAP outpatients: A multicenter prospective study

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Body: Objectives: To compare clinical characteristics and outcomes of CAP outpatients receiving MXF with standard therapies (levofloxacin[LVF] or amoxicillin-clavulanic acid plus azithromycin[AMC/AZT]). Methods: A retrospective analysis was conducted on 300 patients prospectively recorded in 4 Spanish and 2 German hospitals, (174 LVF, 75 MXF and 51 AMC/AZT). Demographic, clinical characteristics and outcomes (mortality, hospitalizations) were recorded. Since demographic and clinical data did not differ between LVX and AMC/AZT patients we analysed them together. Results.

	MXF (n=75)	LVX+AMC/AZT (n=225)	p
Age, mean±SD	53±17	46±17	0.003
Males,%	45	54	0.200
Pneumococcal vaccine, %	20	6	0.001
Influenza vaccine, %	40	23	0.002
Cardiac failure,%	7	2	0.032
Diabetes mellitus,%	15	8	0.111
Respiratory disease,%	36	24	0.043
Previous antibiotic (2months),%	23	25	0.495
PSI classes I-III,%	90	97	0.086
PSI class IV,%	10	3	

CURB-65 classes 0-1,%	94	95	0.083
CURB-65 class 2,%	7	6	
Respiratory rate,mean±SD	18±5	22±5	0.059
CPR(mg/dl), mean±SD	9.7±11.3	14.4±10.1	0.004
Leukocytes, mean±SD	10067±4930	12509±7691	0.046
SaO2%, mean±SD	96±2	95±8	0.331
Pleural effusion,%	1.3	7.2	0.057
Multilobar infiltrate,%	0	10	0.005

No microbiological differences were observed (*S. pneumoniae* in 20%[MXF], 18%[LVF+AMC/AZT]). There were no fatality cases. Five hospitalizations were described (MXF, 3; LVF, 2) and 3 of them were related to pneumonia: 1 treatment failure due to resistant *S. mitis*(MXF) and 2 for residual cough and pleural effusion(LVF). Conclusions: MXF was prescribed in older patients with more comorbidities but less respiratory complications. MXF showed similar efficacy to standard antibiotics, and therefore, is a valuable option for outpatient treatment of CAP.