European Respiratory Society
Annual Congress 2013

Title: The adherence of Greek chest physicians to the 2007 IDSA/ATS and the Greek national guidelines for CAP

Dr. Charalampos 21141 Triantafyllidis harrydoc2000@yahoo.gr MD [1], Mr. Vasilios 21142 Kapordelis vaskapo@gmail.com MD [1], Ms. Elissavet-Christina 21143 Filippidou xfilippidou@gmail.com MD [3], Dr. Georgios 21144 Papaetis gpapaetis@yahoo.gr MD [1], Prof. Dr Dora 21145 Orfanidou orfd@ath.forthnet.gr MD [1], Mrs. Maria 21146 Apostolidou melinadoc2004@yahoo.gr MD [1], Mr. Ioannis 21147 Nikolopoulos bardani@otenet.gr MD [2] and Dr. Angelos 21148 Pefanis pefan1@otenet.gr MD [1]. [1] 3rd Department of Internal Medicine, National and Kapodestrian University of Athens, Medical School, "Sotiria" General Hospital for Thoracic Diseases, Athens, Attica, Greece, 12157 ; [2] Centre for Respiratory Failure and Intensive Care Unit, "Sotiria" General, Athens, Attica, Greece, 12157 and [3] 1st Department of Respiratory Medicine, Kavala General Hospital, Kavala, Greece, 65500 .

Body: BACKGROUND:The adherence to practice guidelines for CAP by chest physicians in Greece and its impact on cost and patients' outcome remain almost unknown. MATERIAL & METHOD:A prospective observational study incorporating 196 immunocompetent hospitalized pts with CAP. We: (a) assessed whether the decision for hospital admission was correct or not and (b) evaluated whether the administered regimen was in accordance to guidelines. Fine Score (PSI) was applied by the authors to determine the severity of CAP. Demographic data are displayed on TABLE 1.

DEMOGRAPHIC DATA

	Mean ± SD
Age (Years)	56.15±22.2
Length Of Stay - LOS (days)	11.27±11.55
	n, (%)
Male/Female	126/70 (64.29/35.71)
Active Smokers	88 (44.9)
Alcoholism	24 (12.24)
With co-morbidities	136 (69.39)

RESULTS:The mortality rate was 12.76%. COPD pts performed a higher mortality rate (23.53% vs 10.49%,

p=0.074). 94 (47.96%) pts were admitted to the hospital despite they were classified as Risk Class I or II and therefore could be treated as outpatients. The accordance of the initial antimicrobial regimen to guidelines was poor (59.69%). Patients administered an antimicrobial regimen in accordance to guidelines had lower mortality rate (9.4% vs 17.72%, p=0.135) and shorter length of hospital stay (LOS) (10.73±12.07 vs 12.06±10.77 days, p=0.077) in comparison to those treated in discordance to guidelines. A pathogen was identified in 43 (21.94%) cases and Streptococcus pn. was the predominant pathogen isolated (30.23%). DISCUSSION:The adherence to CAP guidelines by chest physicians in Greece is poor. It is necessary to improve the adherence to guidelines, in order to shorten the LOS and possibly decrease the mortality rate of CAP.