

January 9, 2020

## **COM-2020-001**

Dear provider of pharmaceutical services,

The American Thoracic Society and the Infectious Diseases Society of America (ATS/IDSA) updated their guidelines on the diagnosis and treatment of adults with community-acquired pneumonia (CAP). The followimg communication highlights some of the updates.

The guidelines updates focus on questions to address the best way to manage patients from the time of clinical diagnosis of CAP through the completion of antimicrobial therapy and follow-up chest imaging. Although various recommendations remain unchanged, recommendations for empiric treatment strategies and additional management decisions were revised.

An importatnt difference between the new and the previous guidelines is that now microscopic studies of respiratory tract samples in some subgroups of patients to avoid unnecessarily prescribing therapies for drug-resistant bacteria. Additional updates include the following:

<b>Recommendation in new guidelines</b>	<b>Recommendation in previous guidelines</b>
Sputum and blood cultures are recommended in patients with severe disease as well as in all inpatients empirically treated for methicillin-resistant <i>Staphylococcus aureus</i> or <i>Pseudomonas aeruginosa</i> .	Cultures were recommended primarily for patients with severe disease.
Though corticosteroid use may be considered in patients with refractory septic shock, there is a recommendantion against their use.	Previous guidelines did not cover corticosteroids.
In adults with CAP whose symptoms have resolved within 5 to 7 days, it is recommended that follow-up chest imaging not be routinely obtained.	Routine use of follow-up chest imaging was not addressed in previous guidelines.
The use of macrolide monotherapy among outpatients is now considered a conditional recommendation based on resistance levels.	Previous guidelines noted the therapy as a strong recommendation for outpatients.
While both are accepted as a standard empiric therapy for severe CAP, there is now stronger evidence in favor of $\beta$ -lactam/macrolide combination therapy compared with $\beta$ -lactam/fluoroquinolone combination therapy.	Previous guidelines gave both combinations equal weight.

For additional information and more details regarding recommendation on the new guidelines, please refer to full text available at: <https://www.atsjournals.org/doi/10.1164/rccm.201908-1581ST>.



Remember that medical literature is dynamic and is continuously changing as new scientific knowledge is developed. We exhort the frequent revision of treatment guidelines to assure that your recommendations are consistent with the most actualized information.

On PharmPix we are compromised with the health and wellness of our insured. It is our priority to offer high quality services and to promote practices for health promotion and diseases prevention. If you have any doubt or wish to have more information regarding this document, you can call us to 787-522-5252, extension 137.

Regards,

Clinical Department

References:

- Metlay, J., Waterer, G., Long, A., Anzueto, A., Brozek, J., & Crothers, K. et al. (2019). Diagnosis and Treatment of Adults with Community-acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America. *American Journal Of Respiratory And Critical Care Medicine*, 200(7), e45-e67. doi: 10.1164/rccm.201908-1581st
- American Thoracic Society - ATS/IDSA Publishes Clinical Guideline on Community Acquired Pneumonia. (2019). Retrieved from <https://www.thoracic.org/about/newsroom/press-releases/journal/2019/ats-idsa-publishes-clinical-guideline-on-community-acquired-pneumonia.php>
- ATS, IDSA Update Guidelines on Community-Acquired Pneumonia | Population Health Learning Network. (2019). Retrieved from <https://www.managedhealthcareconnect.com/content/ats-idsa-update-guidelines-community-acquired-pneumonia?hmpid=ZmRlbGdhZG9AcGhhcm1waXguY29t>

