

Editorial

Community Acquired Pneumonia

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Despite advances in the development of new and more potent antibiotics, community acquired pneumonia (CAP) continues to be a leading cause of mortality among the world's population.

Since CAP being a common disorder that is potentially life threatening, especially in older adults there is a need to have definite guidelines to approach the management of these patients to reduce morbidity and prevent mortality due to CAP. The important issues in the management of CAP are correct diagnosis of pneumonia, identification on exact causative pathogen and appropriate empirical treatment.

Although many pathogens have been associated with CAP, it is a small range of key pathogens that cause most cases. The predominant pathogen in CAP is streptococcus pneumonia, which accounts for about two - thirds of all cases of bacteraemic pneumonia. Cigarette smoking is the strongest independent risk factor of invasive pneumococcal disease in immunocompetent, non elderly adults.

Diagnostic evaluation of patients with symptom suggestive of pneumonia is important for several reasons: the accurate diagnosis of CAP, appropriate assessment of severity of illness, and appropriate use of microbiological analysis to establish the cause of the illness. Hence complete diagnostic evaluation is extremely essential for a better outcome in CAP.

The other important issue in management of CAP is the choice of treatment. Decisions about antimicrobial treatment are guided by factors such as spectrum of activity, pharmacokinetics, efficacy, safety profile, cost and whether or

not a specific pathogen is identified. The emergence of drug resistant pathogens is becoming an important concern that has complicated initial empirical management of CAP. The current situation is that until rapid diagnostic methods improve, most patients will be treated empirically. Several observational studies have assessed the effect of empirical antimicrobial regimens on patients outcomes. These studies show that use of macrolides as rout of an initial. Combination treatments (usually with a cephalosporin agent) or monotherapy with a fluoroquinolones for patients who require admission seems to be associated with decreased risk of death or a shorter hospital stay than with a cephalosporin alone.

Efforts are on to assess the efficacy of preventive strategies in CAP. Despite controversies over efficacy of the polysaccharide pneumococcal vaccine (PPV) both this vaccine are recommended in current guidelines of CDC.

It seems CAP will continue to represent an important threat to patients in the future as the number of patients at risk (elderly people and these with comorbid condition) increase. Accurate and rapid diagnostic methods to define causative pathogens are needed to allow more specific, directed therapy. A better understanding of pathogenesis and post response should lead to new approaches to treatment.

There are international guidelines for the management of CAP but all of these may not be totally applicable in our situations. Hence there is an urgent need to develop Indian guidelines to treat CAP. In this issue there are articles of various issues of these is an indebt discussion of various aspects of CAP.

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