Community-acquired Pneumonia: Short and To the Point!

A Focus on Optimal Length of Therapy

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Shorter is Better



^{*}Except when it comes to ID pharmacists, everyone is perfect just the way they are!

Shorter is Better



Shorter is Better



The History of CAP Treatment

Afebrile ≥ 72 hours

≥ 5 days







≥ 5 days, Afebrile 48-72 hours

How long should we treat CAP?

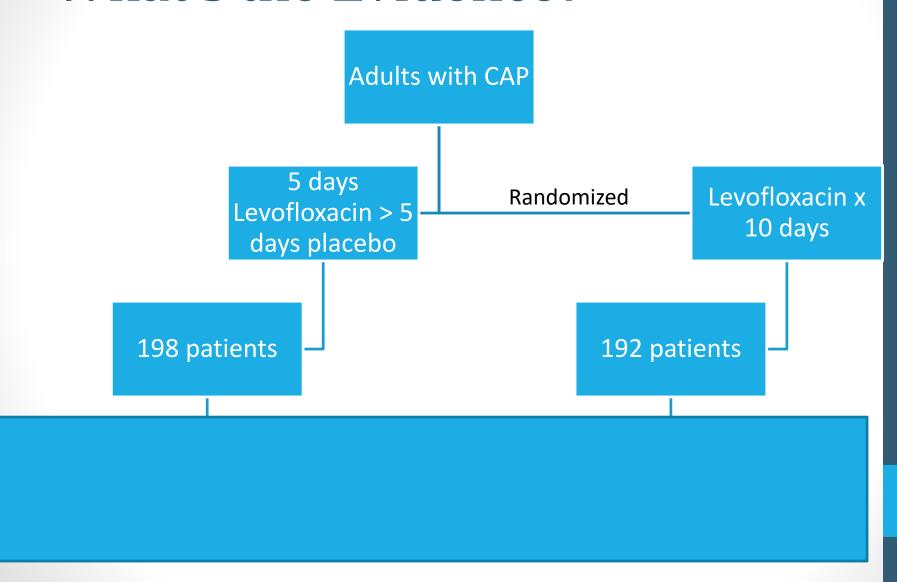
IDSA/ATS Guidelines: at least 5 days

Applies to patients who achieve clinical stability

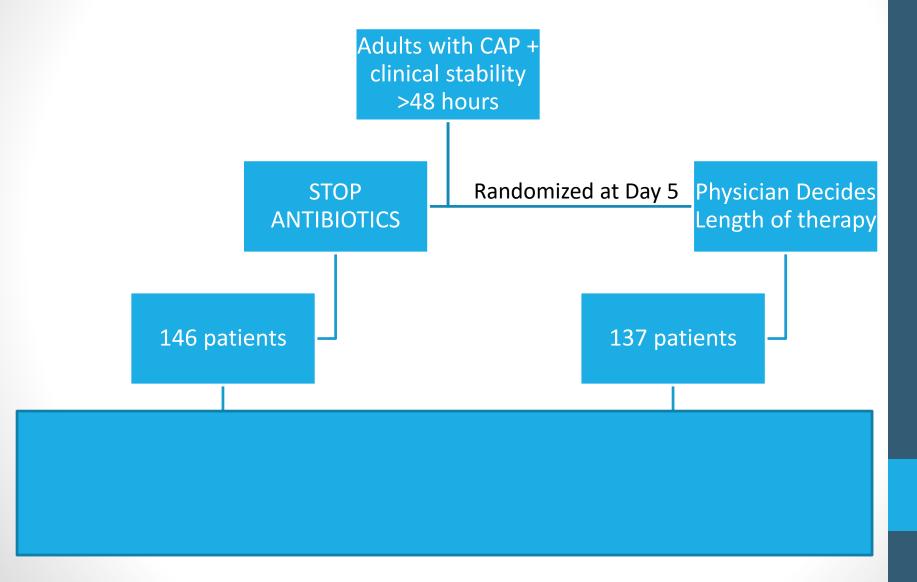
- Normal vital signs
- Eating
- Normal mental status

Continue until patient reaches clinical stability

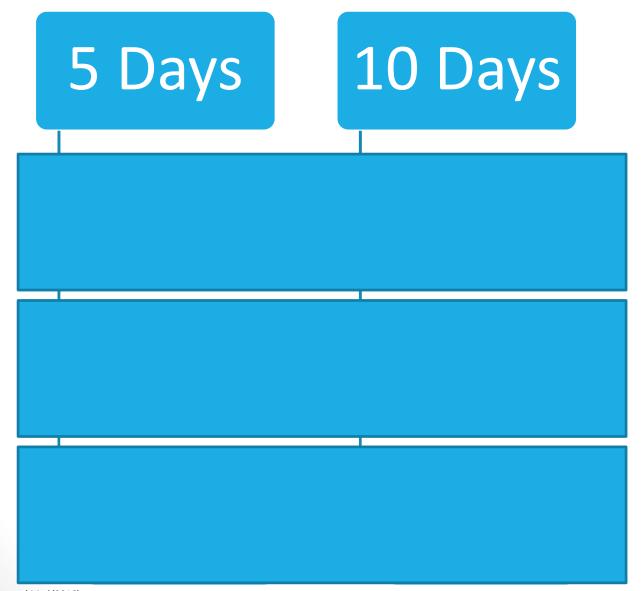
What's the Evidence?



What's the Evidence?



What's the Evidence?



Who Wasn't Studied?

Immunocompromised

Pseudomonas infection risk

Need for chest tube

Pregnancy + Breastfeeding

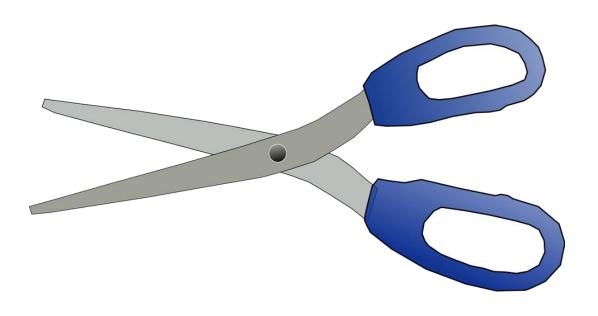
Previously failed other antibiotics

Other site of infection

Key Takeaway

5 Days of antibiotics is as effective as longer courses

Is Even Shorter Better?



3 Days?

Maybe

What Happens in Practice?

Yi SM et al 2018

Vaughn VM et al 2019

Whitman CW et al 2022

Yi SM et al 2018

Retrospective •

- Patients ≥ 18 years old hospitalized with CAP across
 >3000 hospitals from 2012-2013
- Reviewed based on ICD-10 codes

Design

Key Results

Vaughn VM 2019

Retrospective

- Patients ≥ 18 years old hospitalized with CAP across 43 hospitals in Michigan
- Reviewed based on ICD-10 codes

Design

Key Results

Whitman CW 2022

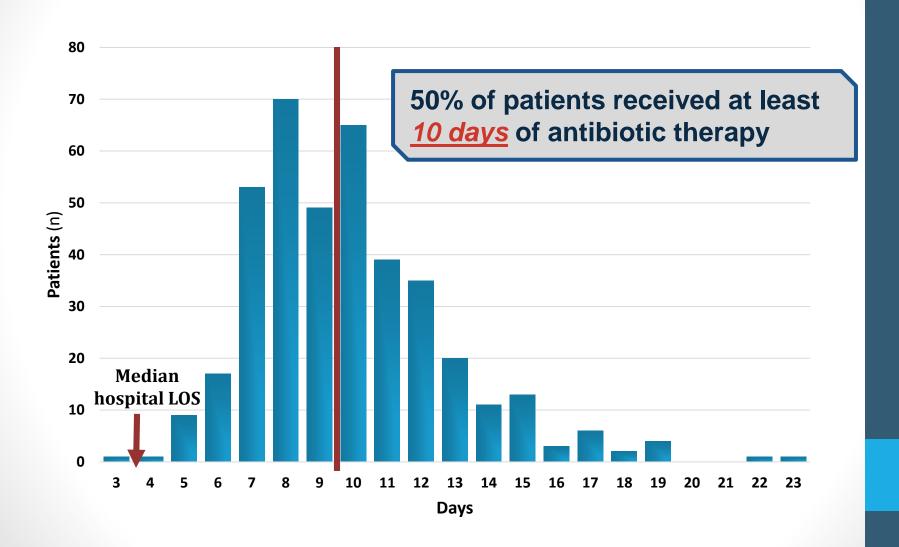
Retrospective

- Patients ≥ 18 years old hospitalized with CAP at Norton Health care
- Reviewed based on ICD-10 codes

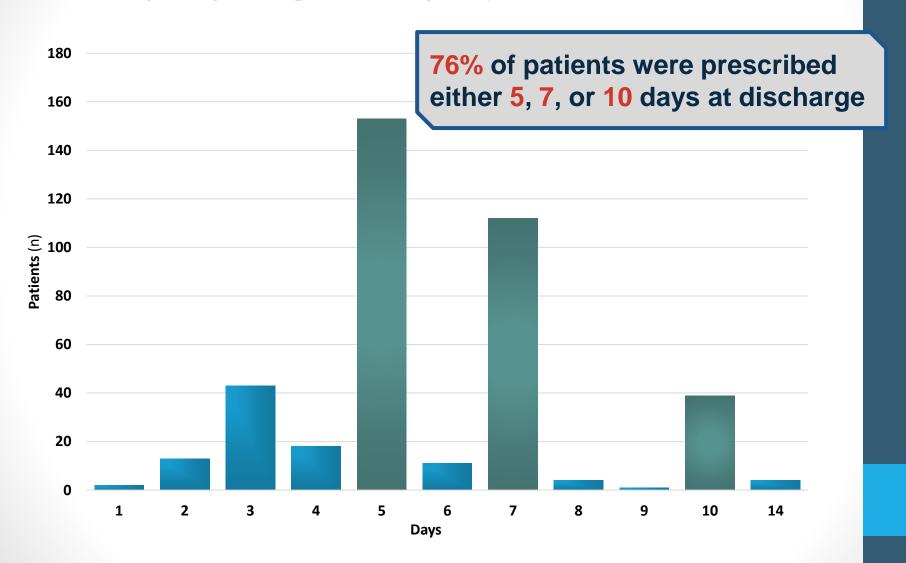
Design

Key Results

Whitman CW 2019



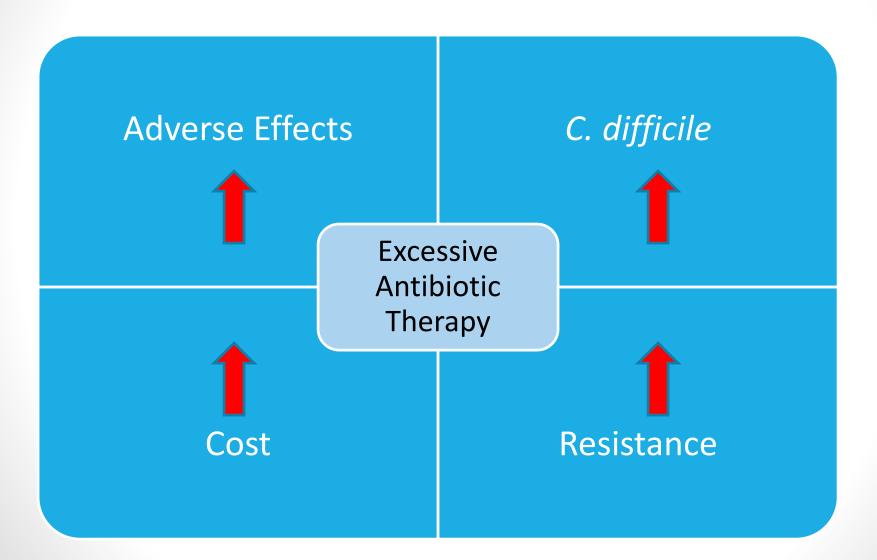
Whitman CW 2019



Key Takeaway

We treat CAP longer than 5 days

Why Do We Care?



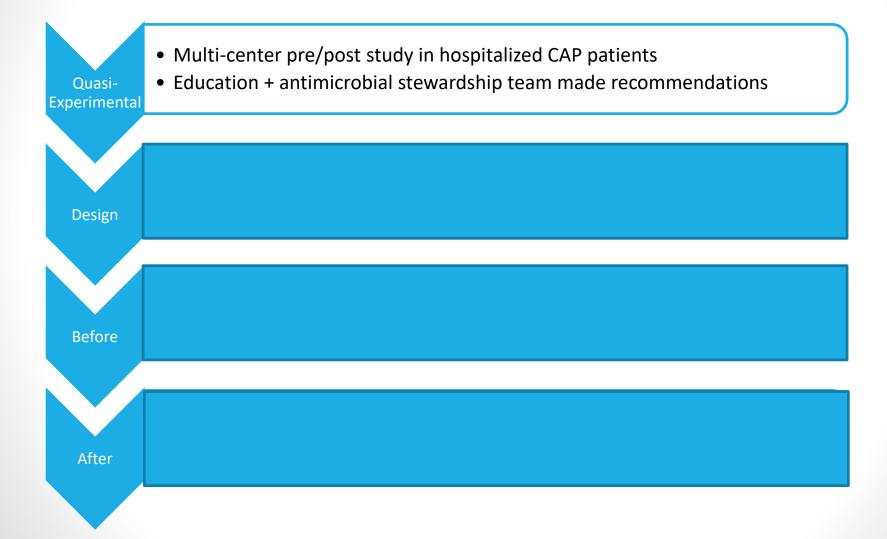
Strategies for Improvement

Implement Practice Change

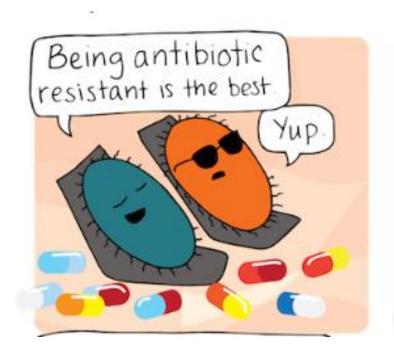
Identify Gaps

Education on Guidelines + Evidence

Strategies for Improvement



Questions?





Thank you for joining!

References

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