

LETTERS TO THE EDITOR

2. Mills GD, Oehley MR, Arrol B. Effectiveness of β -lactam antibiotics compared with antibiotics active against atypical pathogens in non-severe community acquired pneumonia: meta-analysis. *BMJ*. 2005;330:456-8.

Atypical Pneumonia: Are the Recommendations Evidence-Based?

To the Editor: I would like to congratulate the authors on their recently published study on the suitability of treatment with β -lactam antibiotics for community-acquired pneumonia caused by atypical pathogens,¹ and for providing evidence to encourage their use in atypical pneumonia. This diagnostic entity is particularly important in the community, which is where I practice. To that end, it would be interesting if the authors commented on the clinical course of patients classified into grades I, II, and III, according to Fine's prediction rule, since such patients can be treated by family practitioners on an outpatient basis.

In any case, I do not share the authors' attitude of caution about monotherapy with β -lactam antibiotics in patients diagnosed with pneumonia who do not meet criteria for referral to hospital. The authors state that there is still only scant evidence on which to base recommendations for treatment with β -lactam antibiotics. This is not true, since the results of the meta-analysis published by Mills et al² support the initial treatment with a β -lactam antibiotic as monotherapy in pneumonia managed in the community with no criteria suggesting need to refer to hospital and also with level IA evidence, just as Fernández Álvarez et al¹ also concluded. It is worth remembering that several studies included in this meta-analysis had not been published, owing to the well-known bias against publication of pharmaceutical-industry-supported studies with negative results for new antibiotics. The aforementioned meta-analysis revealed that macrolides, ketolides and fluoroquinolones were not more effective than β -lactams in patients with nonsevere pneumonias caused by atypical pathogens.

In primary care any attempt to simplify recommendations is good news. Furthermore, it is often difficult to distinguish typical from atypical pneumonia in the community and therefore the recommendation to administer β -lactams as monotherapy in nonsevere pneumonia should be welcomed. As with other infections of the respiratory tract, recommendations for antibiotic treatment in pneumonia are based on expert opinion and in vitro data rather than on data observed in clinical trials. How often are recommendations made that are based on less evidence than is mentioned in this letter? Certainly we should take advantage of such recommendations.

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1. Fernández Álvarez R, Suárez Toste I, Rubinos Cuadrado G, Medina González A, Gullón Blanco JA, González Martín I. Neumonía adquirida en la comunidad por gérmenes atípicos: tratamiento y evolución. *Arch Bronconeumol*. 2006;42:430-3.