

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.

Authors' Reply

To the Editor: We appreciate Dr Llor's observations about our article, and we should like to comment on several related aspects.

The cases that fell into classes I, II, and III according to Fine's prediction rule—the pneumonia severity index—made up 64% of the total number and there were no significant differences between the 2 groups with regard to outcome measures (hospital stay, readmission in the first month following discharge, and radiographic resolution at 1 month); no patient died. Although, given the nature of the pneumonia severity index, these categories might include a percentage of cases of quite-severe pneumonia in young adults that might not be manageable in the primary care setting, we agree that this issue may be important for decision making outside the context of hospital care.

We believe that Dr Llor's disagreement with regard to our caution about using monotherapy with β -lactam antibiotics is actually not a difference of opinion at all. Although our study design did not allow us come to stronger conclusions, our idea that "there is still a place for monotherapy with β -lactam antibiotics in patients with mild to moderate community-acquired pneumonia" is also reflected in other publications.^{1,2} Therefore, when we state that "there is only scant evidence on which to base precise recommendations", we are really inviting debate on recommendations for "broad coverage" therapy, such as those proposed in numerous recommendations in the literature. As Dr Llor points out, we believe that such recommendations should be placed more carefully in context, since the evidence on which they are based is inconclusive. In this way, we take the recommendations or guidelines to be, at least in some parts, simply consensus statements that stimulate discussion and research, at least partially.

Finally, we are particularly pleased that the study has been read in primary care, a key place in our health system, where we agree that it is necessary to simplify the message sent from the specialties. Concerns such as those expressed by Dr Llor about a subject as important as antibiotic therapy for respiratory infection are certainly welcome.

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1. Shefet D, Robenshtok E, Paul M, Leibovici L. Empirical atypical coverage for inpatients with community-acquired pneumonia. *Arch Intern Med*. 2005;165:1992-2000.