from a study of 400 patients seen in our ED between January 1, 2008 and August 1, 2009, in which 2 groups were compared: 286 patients <75 years of age *versus* 114 patients ≥75 years of age.[5] Some of the results are shown in Table 1. The data show that over 40% of elderly patients die within 5 years of presenting an episode of pneumonia, compared to 14.3% of individuals <75 years of age (OR: 4.34; (95% CI: 2.64–7.14); *P*<.001). Our results confirm that 5-year mortality in these patients is very significant, although we could not establish if this was an end result of the pneumonia episode. We believe that the psychological, physical and functional impairment caused by pneumonia in the elderly patient,[1] both in the short and long term, together with advanced age and the increased comorbidity burden reflected in the Charlson index, and in particular in the greater proportion of patients with COPD, are factors which contribute jointly to the fact that almost half of elderly patients will die within 5 years.

References

1. Martín-Salvador A, Torres-Sánchez I, Sáez-Roca G, López-Torres I, Rodríguez-Alzueta E, Valenza MC. Estudio del deterioro psicofísico y funcional en pacientes ingresados con neumonía. Análisis por grupos de edad. Arch Bronconeumol. 2015;51:496–501.
2. González-Castillo J, Martín-Sánchez FJ, Llinares P, Menéndez R, Mujal A, Navas E, et al. Guidelines for the management of community-acquired pneumonia in the elderly patient. Rev Esp Quimioter. 2014;27:69–86.
3. Julián-Jiménez A, González del Castillo J, Martínez Ortiz de Zárate M, Candel González FJ, Piñera Salmerón P, Moya Mir MS. Características y cambios epidemiológicos de los pacientes con neumonía adquirida en la comunidad en los servicios de urgencias hospitalarios. An Sist Sanit Navar. 2013;36:387–95.
4. Ruiz-Ramos M, García-León FJ, López-Campos JL. Características demográficas de la mortalidad en los servicios de urgencias hospitalarios de Andalucía. Emergencias. 2014;26:109–13.
5. Julián-Jiménez A, Palomo MJ, Parejo R, Laín-Terés N, Cuena-Boy R, Lozano-Ancín A. Mejora del manejo de la neumonía adquirida en la comunidad en el servicio de urgencias. Arch Bronconeumol. 2013;49:230–40.

Agustín Julián-Jiménez,[a,*] Elisa García Tercero,[b] José Ignacio García del Palacio[c]

[a] *Servicio de Urgencias/Medicina Interna, Complejo Hospitalario de Toledo, Toledo, Spain*
[b] *Servicio de Geriatría, Complejo Hospitalario de Toledo, Toledo, Spain*
[c] *Servicio de Neumología, Complejo Hospitalario de Toledo, Toledo, Spain*

* Corresponding author.
E-mail address: agustinj@sescam.jccm.es (A. Julián-Jiménez).

The Role of Community Pharmacies in the Treatment of Tuberculosis☆

El papel de las farmacias comunitarias en el tratamiento de la tuberculosis

To the Editor:

We read with great interest the editorial on the role of community pharmacies in the control of respiratory diseases.[1] However, while we agree with the interventions outlined in the article, we also believe that the community pharmacy can play an important role in directly observed treatment of tuberculosis (DOT-TB).[2,3] DOT-TB is a measure that is widely recommended by the World Health Organization for the control of tuberculosis, particularly in populations with a risk of lack of therapeutic compliance. As part of the DOT strategy, TB patients are assigned a treatment observer who watches while they take their medication, thus ensuring adherence to their prescribed regimen. In a move to control tuberculosis, a DOT-TB program was launched by Health Department 9 of the Community of Valencia in 1999, and since then administration of tuberculosis treatment has been directly supervised in community pharmacies.[4] The geographical distribution of local pharmacies makes it easy for the patient to rapidly establish contact with a healthcare professional to help ensure that they take their treatment. Moreover, excellent communication and cooperation between community pharmacies, social workers and clinicians means that lack of treatment compliance and adverse effects can also be identified. The results of our program, published elsewhere, show greater adherence among patients at risk of poor treatment compliance and drop-out, and we achieved cure rates among our cohorts of over 75%.[5] DOT-TB teams should be structured on a multidisciplinary model, with the participation of social workers, clinicians and community pharmacists. Moreover, interventional healthcare programs must be continuously reviewed to detect changes in patient populations; efficacy indicators must be applied, and professionals should be fully informed to ensure their continuing support and engagement in these initiatives.

In our opinion, involving all the available healthcare agents in a particular population area, including pharmacy professionals, reflects a strong commitment to controlling tuberculosis.

Appendix A.

Vicente Abril López de Medrano: Servicio de Enfermedades Infecciosas, Consorci Hospital General Universitari de València.

Estrella Fernández Fabrellas: Servicio de Neumología, Consorci Hospital General Universitari de València.

Concepción Gimeno Cardona: Servicio de Microbiología, Consorci Hospital General Universitari de València.

Francisco González Morán: Servicio de Vigilancia y Control Epidemiológico, Dirección General de Salud Pública, Conselleria de Sanitat, Community of Valencia.

Remedios Guna Serrano: Servicio de Microbiología, Consorci Hospital General Universitari de València.

Carmen Illa Lahuerta: Unidad de trabajo social, Consorci Hospital General Universitari de València.

Rafael Medina Almerich: Muy Ilustre Colegio Oficial de Farmacéuticos de Valencia.

Mercedes Melero García: Servicio de Medicina Preventiva, Consorci Hospital General Universitari de València.

Elvira Pérez Pérez: Servicio de Vigilancia y Control Epidemiológico, Dirección General de Salud Pública, Conselleria de Sanitat, Comunitat Valenciana.

Desireé Ruíz González: Vocal de Servicios Profesionales, Muy Ilustre Colegio Oficial de Farmacéuticos de Valencia.

Isabel Sanfeliu Vela: Atención farmacéutica, Muy Ilustre Colegio Oficial de Farmacéuticos de Valencia.

☆ Please cite this article as: Sanz Herrero F, en representación del Grupo de trabajo del tratamiento directamente observado de la tuberculosis en oficinas de farmacia del Departamento de Salud 9 de la Comunitat Valenciana. El papel de las farmacias comunitarias en el tratamiento de la tuberculosis. Arch Bronconeumol. 2016;52:451–452.

Francisco Sanz Herrero: Servicio de Neumología, Consorci Hospital General Universitari de València.

References

1. Castillo D, Burgos F, Gascón MP. El papel de las farmacias comunitarias en el control de las enfermedades respiratorias. Arch Bronconeumol. 2015;51:429–30.
2. World Health Organization. What is DOTS? A guide to understanding the WHO-recommended TB control strategy knows as DOTS. Available in: http://www.who.int/iris/handle/10665/65979#sthash.Nqkk4CYK.dpuf [cited 10.11.15].
3. Grupo de Estudio del Taller de 1999 de la Unidad de Investigación en Tuberculosis de Barcelona. Documento de Consenso sobre tratamientos directamente observados en tuberculosis. Med Clin (Barc). 2000;115:749–57.
4. Salar Ibáñez L, Dualde Viñeta E, Bernadeau Maestro E, García Cebrián F. Programa TOD en Valencia. Pharm Care Esp. 2000;2:28–41.
5. Juan G, Lloret T, Pérez C, López P, Navarro R, Ramón M, et al. Directly observed treatment for tuberculosis in pharmacies compared with self-administered therapy in Spain. Int J Tuberc Lung Dis. 2006;10:215–21.

Francisco Sanz Herrero, en representación del Grupo de trabajo del tratamiento directamente observado de la tuberculosis en oficinas de farmacia del Departamento de Salud 9 de la Comunitat Valenciana[◊]

Servicio de Neumología, Consorci Hospital General Universitari de València, Valencia, Spain

E-mail addresses: sanz_fraher@gva.es, fr.sanz@gmail.com

◊ Members of the Working Group who directly observed treatment of tuberculosis in Health Department 9 of the Community of Valencia are given in Appendix A.