Commentary: A step forward in the everyday management of adults with community acquired pneumonia

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Few topics cause such fierce discussion among doctors as does the antimicrobial treatment of lower respiratory tract infections. The meta-analysis by Mills et al is a valuable contribution to these debates.1 Their study should reassure all health professionals who routinely manage non-severe community acquired pneumonia that therapy using oral β lactam antibiotics, macrolides, or fluoroquinolones is equally effective when judged only on the basis of specific features such as focal chest signs, dyspnoea or tachypnoea, or prolonged fever. Use of a β lactam antibiotic in patients with suspected or definite community acquired pneumonia will pose only a limited—and thus acceptable—risk for the development of bacterial resistance.

In the absence of any single adequately powered comparative antibiotic study, Mills et al’s meta-analysis provides strong evidence to support the everyday management of adults with community acquired pneumonia.

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