



Study: Ventilator-Associated Pneumonia Overdiagnosed and Overmedicated



In a recent study published in the March edition of *Infection Control and Hospital Epidemiology*, a team of researchers share their findings on the diagnosis and treatment of ventilator-associated pneumonia (VAP).

With the aims of quantifying and characterising unjustified antimicrobial use for VAP as well as identifying risk factors associated with the continuation of antibiotics in patients without VAP after three days, over the course of a year a multidisciplinary adjudication committee evaluated the diagnosis of patients suspected to have VAP in six adult intensive care units.

By using clinical, microbiologic, and radiographic data at diagnosis and on day three, the group determined whether the ICU team's VAP diagnosis and therapy were justified. Outcomes included the proportion of VAP events misdiagnosed as and treated for VAP on days 1 and 3 and risk factors for the continuation of antibiotics in patients without VAP after day 3.

Out of the 231 cases, the committee found that more than half of patients (58.4%) diagnosed and being treated for ventilator-associated pneumonia were misdiagnosed. Furthermore it was found that of these patients, 76% continued an antibiotic regime, totaling close to 1,200 additional days of antibiotic administration over the course of the study.

In their conclusion, the authors of the study write that there were no significant clinical differences between non-VAP patients who continued antibiotics and non-VAP patients who discontinued antibiotics. This leads to their suggestion that it was physician preference, rather than evidence-based guidelines, which may contribute to the unnecessary prescribing of antibiotics for VAP.

Source: [Becker's Hospital Review](#)

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21 February 2014

Published on : Fri, 21 Feb 2014