Cystic fibrosis/bronchiectasis exacerbations

Pulmonary exacerbations in cystic fibrosis and bronchiectasis

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A series of papers reviewing pulmonary exacerbations in CF and bronchiectasis

The concept that individual diseases exhibit unique characteristics. Taking these characteristics into account should enable a more accurate assessment of disease severity. Numerous examples exist of disease-specific scores that outperform generic scores, including the PSI in the context of patients hospitalised with CAP. The study by Barlow et al extends this view to CURB65 in relation to SEWS and SIRS. However, the patient cohort in this study differs from other CAP cohorts in two substantial ways: (1) only 52% of the patients had chest radiographic confirmation of pneumonia and (2) the overall mortality of the cohort was high (19%) compared with other CAP studies such as the study by Man et al in which the mortality rate was 8.6% (mean age of the cohorts was 74 years and 72 years, respectively). Confirmation of these findings in a separate cohort is therefore desirable.

Generic scores such as SIRS and SEWS have their roots in critical care and anaesthesia. These areas of medicine manage patients with diverse surgical and medical illnesses. The use of generic scores to triage and assess a wide case-mix of patients in a standardised manner is helpful. However, when managing an individual patient with a specific disease, they should be used alongside disease-specific severity scores that are likely to be more accurate, as is the case for CAP.

Where to from here? In the assessment of CAP we now have two validated tools that are reasonably good at stratifying patients according to mortality—the PSI and the CURB65 score. Each of these tools has advantages and disadvantages. Centres should therefore adopt the tool that best suits the local healthcare setting. With regard to research, further validation of these tools in different patient cohorts, though desirable, should not detract from the pressing need to determine whether the use of severity assessment tools in the management of CAP ultimately leads to improved clinical outcomes. Such intervention studies are needed if optimal management strategies for patients in different prognostic groups are to be defined.

REFERENCES

Severity assessment in community-acquired pneumonia: moving on

Wei Shen Lim

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