had inappropriate indications for the drug, and of the 19 in whom quinolone thera-
py was appropriate, only 1 was given the correct dose for the correct duration, he

“This is the type of behavior that drives more resistance and has to be avoided,”
Dr. Niederman added.

Because recent prior therapy with β-lac-
tams, macrolides, or quinolones predicts subsequent pneumococcal resistance to
the agent that was used, “it is imperative that clinicians take a history of recent an-
tibiotic usage and be prepared to choose an agent that differs from what was used
previously,” Dr. Niederman said. “This

form of patient-specific antibiotic rota-
tion only works if we have choices, which
requires an understanding of the accept-
able options for therapy.

For example, studies have shown that
penicillin resistance probably has thera-
petic significance only when MIC values
are at least 4 mg/L.

“If β-lactams resistant pneumococcus is
suspected, ceftriaxone [Rocephin] may be
a reliable choice, while the cephalosporin
cefuroxime [Cefin] may be associated with increased mortality if used in the
presence of in vitro resistance to this
agent,” he said.

In general, when managing patients at
risk for drug resistance, “clinicians should
choose a highly active antipneumococcal
agent to minimize selection pressure for
more organisms emerging with higher levels of resistance,” Dr. Niederman said.

Patients not likely to have resistance
should receive focused therapy with
macrolides or ketolides, “reserving more
potent agents for the appropriate setting,”
he added.

Ketolide use in particular “can improve
the management of community acquired
pneumonia in this era of pneumococcal
antibiotic resistance by adding another
choice to the heterogeneity of options,”
he said.

—Diana Mahoney

Moxifloxacin Treats Aspiration Pneumonia

MONTREAL — The potent respiratory
fluoroquinolone moxifloxacin is as safe
and effective as combination ampi-
cillin/sublactam therapy for the treat-
ment of aspiration-associated pulmonary
infections, Sebastian Ott, M.D., reported
in a poster presentation at an interna-
tional conference on community-ac-
quired pneumonia.

To compare the efficacy, safety, and tol-
erability of moxifloxacin (Avelox) with
that of ampicillin/sublactam (Unasyn)
for the treatment of aspiration pneumonia and primary lung abscess, Dr. Ott of the
Helios Chest Hospital Heckeshorn in
Berlin and his colleagues enrolled 139 pa-
tients diagnosed with either condition in
a multicenter, open-label trial.

Nearly 65% of the patients in the study
were diagnosed solely with aspiration
pneumonia, and definite or presumptive
pathogens were isolated in 45 subjects, he
said.

Of the 139 patients, 96 were treated ac-

considering the protocol: 48 were randomized
to receive 400 mg of moxifloxacin given in-
travenously once daily followed by oral
moxifloxacin for 7-14 days or until com-
plete resolution of radiologic and clinical
signs of infection, and 48 received 1.5-3.0
 g of ampicillin/sublactam intravenously
twice daily followed by oral administra-
tion for the same duration.

At the end of treatment, the overall
clinical response rate for both groups was
67%. In the moxifloxacin group, 79% of
patients with aspiration pneumonia and
80% of those with primary lung abscess
had responded to the antibiotic treatment.

Among those who received ampi-
cillin/sublactam, 64% of the aspiration
pneumonia patients and 82% of the pri-
mary lung abscess patients responded to
treatment.

Both of the regimens were well toler-
ated to a similar degree, “even after long-
term administration,” Dr. Ott said. “The
benefit of moxifloxacin is that its once-
daily dosing is more convenient.”

The findings of this study provide clin-
icians with an important therapeutic op-
tion to add to their toolbox for treating as-
piration-related pulmonary infections,
which are rare but potentially life threat-
ing.

Studies have shown that telithromycin
(Ketek)—the first ketolide available for
clinical use—is an effective outpatient
treatment for mild to moderate commu-
nity-acquired pneumonia, even in older
patients, those with higher pneumonia
severity index scores, and those with bac-
teremia.

“The agent’s rapid bactericidal effects
appear to make short treatment durations
feasible, and its mechanisms of action
may avoid the induction of resistance,
while maintaining good intrinsic activity
against pneumococci, including those that
are macrolide resistant,” Dr. Niederman
said.

—Diana Mahoney

Megace ES is an advanced, concentrated formulation of megestrol acetate oral suspension. It has 1/4 the volume per dose and lower viscosity.

Megace ES can be given without regard to meals.

Megace ES has improved bioavailability in unfed conditions.

Megace ES 625 mg/5 mL and megestrol acetate oral suspension 800 mg/20 mL are bioequivalent in the fed condition.

Megace ES and megestrol acetate oral suspension are contraindicated in patients with a history of hypersensitivity to megestrol acetate or immunodeficiency syndrome (AIDS).

Important Safety Information

Megace ES and megestrol acetate oral suspension are contraindicated in patients with a history of hypersensitivity to megestrol acetate or any component of the formulation, or patients with known or suspected pregnancy. Evidence of adrenal suppression has been observed in patients receiving megestrol acetate oral suspension. The glucocorticoid activity of megestrol acetate oral suspension has not been fully evaluated. Clinical cases of new onset diabetes mellitus, exacerbation of pre-existing diabetes mellitus, and overt Cushing’s Syndrome have been reported in association with the chronic use of megestrol acetate. The most common adverse events (≥10% and > placebo) associated with Megace ES 625 mg/5 mL and megestrol acetate oral suspension 800 mg/20 mL are impotence, flatulence, rash, hypertension, fever, axillary hair, acne, phlebitis, and hypoglycemia. Women who participated in studies reported breakthrough bleeding; however, it is unknown if these events are drug- or disease-related.


NanoCrystal Technology is a Trademark of Elan Pharma International, Limited. Par licensed the Megace name from Bristol-Myers Squibb Company.

For the treatment of anorexia, cachexia, or an unexplained, significant weight loss in patients with a diagnosis of acquired immunodeficiency syndrome (AIDS)