

## Meropenem for ventilator-associated pneumonia

Meropenem monotherapy is superior to combination therapy with ceftazidime plus amikacin in the treatment of ventilator-associated pneumonia, say researchers from Spain.\*

This open study, conducted in 14 intensive-care units in Spain, included 116 patients who were mechanically ventilated and had nosocomial pneumonia. Patients were randomised to receive either IV meropenem 1g every 8 hours or IV ceftazidime 2g every 8 hours plus IV amikacin 15 mg/kg/day given as 2 equal daily doses, with a recommended treatment duration of 10 days.

There were no statistically significant differences in clinical responses in the intention-to-treat analysis. Cure and/or improvement occurred in 68.1% of meropenem recipients and in 54.9% of combination therapy recipients. However, the proportion of patients with bacteriological eradication was significantly higher among meropenem recipients (74.5 vs 53.3%). In an analysis which included evaluable patients only, the proportion of patients with clinical response was significantly higher in the meropenem group (82.5 vs 66.1%). A logistic regression model showed that use of meropenem, the traumatic pathology and the medical pathology were significantly associated with a satisfactory response. Tolerability was similar in the 2 groups.

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Lerma FA, et al. Efficacy of meropenem as monotherapy in the treatment of ventilator-associated pneumonia. *Journal of Chemotherapy* 13: 70-81, Feb 2001

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