Introduction

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It is my great pleasure to introduce these proceedings of the Sponsored Symposium, Evidence-Based Treatment for Lower Respiratory Tract Infections: Countermeasures to Guard against the Emergence of Resistance, which was held as part of the 15th Asia-Pacific Congress on Diseases of the Chest.

Community-acquired pneumonia (CAP) remains a continuing threat in the medical environment despite the best combined efforts of medical practitioners, researchers and laboratory investigators. Even while we struggle with this truism, an even more sinister danger may be approaching Asian frontiers. This is the problem of antimicrobial resistance, a situation which is already a sad reality in the west; as Asian physicians we must accept that it is a looming menace for us. It is because of this peril that many forums such as these are organized to keep us constantly on the alert, and keep us informed of newer weapons to ward off the hazards of antimicrobial resistance. In this instance, we are focusing on CAP.

Today, physicians can choose from a wide range of antimicrobial agents with which to treat lower respiratory tract infections. However, it is often difficult to define the appropriate time to use them, and to identify the best agent to select in each individual clinical situation.

Due to the persistently high morbidity associated with CAP, empiric therapy remains the norm, with treatment often needed before culture test results are available and etiologic diagnosis is established. In addition, in many situations, it is extremely difficult to assess reliability of culture sensitivity or carry out pathogen identification promptly. Treatment then needs to be based on a clear rationale which takes into account likely pathogens for the type of infection and the local resistance patterns. Clinical features are not enough to confidently predict microbial etiology in the majority of cases. Therefore, empiric therapy needs to be directed at the most likely pathogens.

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This symposium was developed with the aim of providing the physician with clear, practical guidelines for managing patients with CAP. With this in mind, experts discussed a range of preclinical, clinical and epidemiologic issues pertinent to this condition. The first presenter, Dr. Charles H. Nightingale, is the Vice-President of Research, Director of Antibiotic Management Programs, and Consultant to the Department of Medicine at Hartford Hospital, Hartford, Conn., USA. He is also Research Professor at the University of Connecticut School of Pharmacy, and a Visiting Professor in several medical universities in the People's Republic of China. His presentation offered a detailed look at the pharmacokinetics and pharmacodynamics of antibiotics as well as cost containment of the treatment of CAP. The second speaker, Dr. Clyde Thornsberry, is Chief Scientific Adviser at MRL Pharmaceutical Services, Brentwood, Tenn., USA. He has acted as the Chairman for the Clinical Microbiology Division of the American Society of Microbiology and sits on

the editorial boards of the *Journal of Clinical Microbiology* and *Antimicrobial Agents and Chemotherapy*. A member of the WHO group developing recommendations for methods to detect antimicrobial resistance in developing countries, he provided a comprehensive and up-to-the-minute look at the state of antimicrobial resistance in respiratory tract pathogens. The final presentation was given by Dr. John G. Bartlett, a standard setter in the field of infectious diseases who has helped shape the face of medicine worldwide. Currently Professor of Medicine at Johns Hopkins University School of Medicine, Baltimore, Md., USA, he is also currently the President of the Infectious Disease Society of America (IDSA). Talking about the treatment of CAP, Dr. Bartlett provided the reader with an update of the important IDSA guidelines on managing CAP.

This is certainly an exceptional forum and could not be more outstanding. I am sure all readers of this publication will learn much, as did those participating in the meeting.