Summary

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In order to develop clear-cut recommendations that guide the clinician in his treatment of patients with community-acquired pneumonia (CAP), it is necessary to draw on data from a range of sources. This symposium provided all participants with the opportunity of listening to world-recognized experts in three important and inter-related fields, all integral to the management of CAP.

During this activity, it was shown that levofloxacin has AUC/MIC values exceeding the minimum needed for effective clinical outcomes. Pharmacodynamic principles of antibiotic selection were also clearly explained by Dr. Nightingale, to provide the audience with an understanding of the specific pharmacological features of antibiotics which make them suitable for treating CAP. In addition, the physician needs to have a good knowledge of local epidemiological data, including the incidence of resistant patho-

gens; this was comprehensively provided by Dr. Thornsberry. Finally, a most up-to-date overview of the IDSA 2000 Guidelines for treating CAP was presented by Dr. Bartlett. These are of great help in guiding the physician toward providing optimal treatment of CAP, based on a clear-cut management algorithm. These results demonstrated convincing evidence in favor of the use of fluoroquinolones in CAP, whether the patient is in the community or hospital setting.

While CAP remains a significant cause of morbidity and mortality throughout the world, physicians cannot rest in their quest to ensure that patients receive the best care available. We can take some satisfaction in the fact that all those who attended this symposium were sure to have left with a greater awareness of how best to manage these extremely important infections.

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