

New antibiotic shows promise for treating MRSA pneumonia

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A drug approved just two years ago for treating bacterial infections may hold promise for treating the potentially fatal MRSA pneumonia, according to a Henry Ford Hospital study.

Researchers found that patients treated with the antibiotic ceftaroline fosamil, or CPT-F, had a lower mortality rate after 28 days than the mortality rate seen in patients treated with vancomycin, the most common drug therapy for MRSA pneumonia.

In the [retrospective study](#), 33 of 38 patients responded well to treatments of CPT-F and were discharged from the hospital after the infection cleared. Of the five patients who died, three were attributed to other serious medical conditions.

The mortality rate for patients treated with vancomycin has been reported to be as high as 32 percent after 28 days. In the Henry Ford study, the mortality rate for the CPT-F treated population was 13 percent.

The study is being presented Wednesday at the annual Interscience Conference on Antimicrobial Agents and Chemotherapy meeting in Denver.

"Many things fall under the umbrella of proper and appropriate MRSA pneumonia treatment, and these results present a possible benefit with the use of CPT-F," says Samia Arshad, a Henry Ford Infectious Diseases

epidemiologist and the study's lead author. "It is critical for us to find alternative drug therapies to improve patient outcomes. Further research is needed to test the efficacy of CPT-F on a larger patient population as CPT-F offers doctors another viable option for treating patients with MRSA pneumonia."

In 2010 the U.S. Food and Drug Administration approved CPT-F, an injectable antibiotic, for treating patients with bacterial infections like community-acquired [bacterial pneumonia](#) and [skin infections](#). Henry Ford's study is the first to evaluate the efficacy of MRSA [pneumonia patients](#) treated with CPT-F. MRSA pneumonia is highly antibiotic resistant and most common in patients 65 years or older.

Researchers evaluated 38 patients treated with CPT-F. Twenty of these patients were failing standard treatment with either [vancomycin](#) and/or cefepime, and were switched to CPT-F. Researchers say no complications were reported in those 20 patients.

Researchers will continue to look for other patients treated with CPT-F for MRSA pneumonia, and will match these patients to others treated with different antibiotics to conduct a matched cohort analysis.

More information: The study was funded by Forest Laboratories, Inc.

Provided by Henry Ford Health System

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