

# Harms from unnecessary abx extend beyond resistance

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(HealthDay)—Use of antibiotics in patients with heart failure exacerbation in the absence of compelling evidence of infection is unnecessary and potentially harmful, according to teachable moment piece published online Sept. 21 in *JAMA Internal Medicine*.

Arjun Gupta, M.D., from the University of Texas Southwestern Medical Center in Dallas, and colleagues describe the case of a 48-year-old patient with [congestive heart failure](#), hypertension, and bipolar disorder who presented with shortness of breath and chest pain. She had baseline prolonged QTc. Despite a lack of compelling evidence of pneumonia, she was treated with oral moxifloxacin, but became unresponsive and pulseless soon after, with telemetry rhythm strip demonstrating polymorphic ventricular tachycardia. After resuscitation, she made a full

recovery and was discharged several days later.

The researchers note that discerning [heart failure](#) from pneumonia can be challenging and is crucial for correct management of patients presenting with acute dyspnea. A brain natriuretic peptide level lower than 50 pg/mL is highly sensitive for excluding congestive heart failure; congestive heart failure is more likely with jugular venous distension, a history of heart failure, and interstitial edema on chest radiography. About one-third of patients with congestive heart failure exacerbation receive antibiotics, although only 7 to 10 percent have concomitant pneumonia.

"In conclusion, this case illustrates how the seemingly safer choice of adding antibiotics 'just to be sure' can actually be harmful," the authors write.

**More information:** [Full Text \(subscription or payment may be required\)](#)

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