

# 英国の市中肺炎（CAP）患者における誤嚥リスクの検討

Taylor, J.K., et al., Am J Med, 2013. 126: 995-1001.

市中肺炎患者(1348例)を「誤嚥性肺炎リスク」の有無によりretrospectiveに解析

## Risk Factors for Aspiration Pneumonia (Aspiration Risk Group)

Chronic neurologic disorder	eg, stroke with residual neurologic deficit, multiple sclerosis, Parkinson's disease, and severe dementia
Esophageal dysfunction or mechanical obstruction	eg, carcinoma and strictures
Impaired conscious level	including alcohol intoxication and suspected drug overdose
Vomiting or witnessed aspiration	
Previously confirmed poor swallow	eg, formal swallow assessment and video fluoroscopy

Table 5 Comparison of Short-term Outcomes: Aspiration Risk Group and All Other Community-acquired Pneumonia Cases

Outcome	Aspiration Risk Group N = 186	No Risk Factors for Aspiration N = 1162	P Value
30-d mortality	32 (17.2%)	89 (7.7%)	<.0001
Mechanical ventilation/vasopressor support	15 (8.1%)	86 (7.4%)	.7
Complicated parapneumonic effusion/empyema	17 (9.1%)	83 (7.1%)	.3
Length of hospital stay (d)	7 (2-18)	5 (3-11)	<.0001
Do not attempt resuscitation orders/treatment restrictions	92 (49.5%)	393 (33.8%)	<.0001

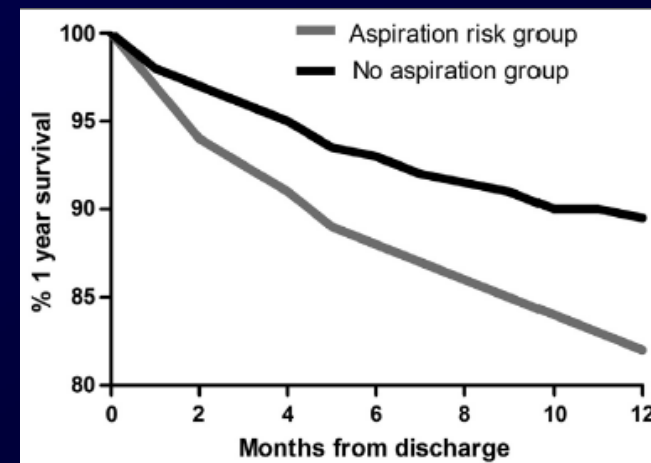


Figure 1 Cox-adjusted survival curve for 1-year outcomes after hospital discharge in patients according to aspiration risk factors.

- 市中肺炎患者の13.8%に存在
- 短期、長期の死亡率、重症度、原因微生物スペクトラムが異なる