

誤嚥性肺炎はCAP, HCAPの独立した予後因子である

Table 4 Cox proportional hazard model including 'treatment failure due to resistant pathogens' in association with a risk of 30-day mortality

	Adjusted HR	95% CI	P value
Performance status	1.122	0.750–1.679	0.576
C-reactive protein	1.048	1.011–1.086	0.011
Decrease in the PaO ₂ /FIO ₂	1.003	1.000–1.007	0.044
CURB-65 score	1.495	1.033–2.163	0.033
Treatment failure due to resistant pathogens	1.884	0.801–4.430	0.146
Aspiration pneumonia [†]	5.690	2.306–14.040	<0.001
Number of lobes involved on CT Classification, HCAP/CAP	1.250	0.967–1.616	0.088
	1.338	0.547–3.270	0.523

Table 5 Cox proportional hazard model excluding 'treatment failure due to resistant pathogens' in association with a risk of 30-day mortality

	Adjusted HR	95%CI	P value
Performance status	1.170	0.784–1.747	0.443
C-reactive protein	1.053	1.016–1.091	0.005
Decrease in the PaO ₂ /FIO ₂	1.003	1.000–1.007	0.050
CURB-65 score	1.540	1.069–2.220	0.021
Aspiration pneumonia [†]	5.869	2.416–14.257	<0.001
Number of lobes involved on CT Classification, HCAP/CAP	1.230	0.953–1.588	0.112
	1.330	0.544–3.249	0.532

薬剤耐性菌による治療失敗を含める、含めないにかかわらず、誤嚥性肺炎は肺炎死亡の独立したリスク因子であった。