

Short Regimen, Better Compliance

Cephalosporin from page 1

studies involved seven different cephalosporins.

The most commonly used drug was cefpodoxime (Vantin), in four studies, followed by cefuroxime (Ceftin), in three studies. Cefixime (Suprax) and cefdinir (Omnicef) were each used in two studies, and cefadroxil (Duricef), cefotiam, and cefprozil (Cefzil) were each used in a single study.

The 14 studies enrolled a total of 1,880 patients in the cephalosporin-treated

groups and a total of 2,760 patients in the penicillin-treated groups.

Twelve of the studies involved a 5-day course of cephalosporin.

The remaining two studies used a 4-day course; one 4-day regimen used cefuroxime, and the other used cefixime.

Overall, the results of these 14 studies showed that treatment with a short-course of a cephalosporin produced a 63% higher cure rate than a 10-day course with penicillin, a difference that was sta-

tistically significant, Dr. Casey commented.

The value of a short-course regimen was highlighted in an analysis of four studies that each compared a 5-day course of a cephalosporin with a 10-day course of the same drug.

The results showed that compliance with the 5-day regimens was threefold greater than compliance with the 10-day regimens, Dr. Casey said at the conference, sponsored by the American Society for Microbiology.

The only short-course regimens currently approved by the Food and Drug Administration for treating strep throat are 5 days of treatment with azithromycin, cef-

dinir, or cefpodoxime, Dr. Casey told this newspaper.

The remainder of the 27 total studies in the metaanalysis included studies that compared short-course regimens that used penicillin, amoxicillin, or a macrolide against 10 days of treatment with penicillin or against some other comparator drug.

The results showed that the short-course penicillin regimens (5 or 7 days' duration) were inferior to a 10-day regimen and that 6 days of treatment with amoxicillin or 5 days of treatment with a macrolide was similar in efficacy to a 10-day regimen. ■

Repeat Screening For LGTIs Is Wise In Pregnant Teens

SAN DIEGO — Repeat screening for lower genital tract infections in pregnant adolescents is reasonable because of high recurrence and persistence rate of infections in this patient population, Andrea Ries Thurman, M.D., reported in a poster session at the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology.

"Universal screening of adolescents for common genital tract infections will improve their obstetric outcomes," said Dr. Thurman of the department of ob.gyn. at Medical University of South Carolina, Charleston. "They're a different population than pregnant adults in their risk of problems, particularly in their risk of lower genital tract infections."

In an ongoing study, pregnant adolescents were screened for bacterial vaginosis (BV), yeast vaginitis, trichomoniasis, gonorrhea, and chlamydia at their intake obstetric visit and at their 35- to 37-week visit. A Gram stain of the vaginal secretions was obtained upon admission to labor and delivery.

Dr. Thurman reported on complete data available for 69 patients at the intake obstetric visit and 31 patients at the 35- to 37-week visit. At the intake visit, 33% of patients had BV, 15% had chlamydia, 13% had yeast vaginitis, 4% had gonorrhea, and 4% had trichomoniasis.

At the 35- to 37-week visit, 19% of patients had chlamydia, 16% had BV, 13% had yeast vaginitis, 3% had trichomoniasis, and no patients had gonorrhea.

Of the lower genital tract infections identified at the 35- to 37-week visit, the following were new diagnoses: 100% of the trichomoniasis cases, 80% of the BV cases, 75% of the yeast infections, and 50% of the chlamydia cases.

The rest were recurrent infections from the intake visit, despite receiving treatment.

Gram stains were obtained from 94 pregnant teens on admission for labor and delivery. Investigators observed that Nugent scores for vaginal flora did not differ between mothers who delivered preterm and those who delivered at term. They also found that screening for BV at 35-37 weeks does not appear to be predictive of BV at admission for labor.

—Doug Brunk

