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## Revision of the abstract of a published research article

Revised to follow: US spelling, AMA style, ICMJE and CONSORT guidelines, up to 300 words.

Effectiveness of Early Switch From Intravenousearly switch from intravenous to Oral Antibioticsoral antibiotics in Severe Community Acquired Pneumonia: Multicentre Randomised Trialsevere community-acquired pneumonia: multicenter randomized trial

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## Abstract

**Objectives:** To compare the effectiveness of an early switch to oral antibiotics with the standard 7-\_day course of intravenous antibiotics in severe community-\_acquired pneumonia.

**Design**: Multicentre randomised and Setting: Parallel non-blinded randomized comparatorcontrolled <u>multi-center</u> trial-

Setting: Five conducted at five teaching hospitals and 2 two university medical centres centers in the Netherlands.

**Participants:** <u>A total of</u> 302 patients in non-intensive care wards with severe communityacquired pneumonia- in non-intensive care wards, of whom</u> 265-patients fulfilled the study requirements.

**Intervention:** Three days of treatment with intravenous antibiotics followed, when <u>patients are</u> clinically stable, by <u>seven days of</u> oral antibiotics <u>(intervention)</u> or by <u>7seven</u> days of intravenous antibiotics <u>(control)</u>. End-of-Study visit occurred 28 days after admission.

Main outcome measures: Clinical cure and length of hospital stay.

**Results:** Of 302 patients were randomised (mean age 69.5 (standard deviation 14.0), mean pneumonia severity score 112.7 (26.0)). 37 patients were excluded from analysis because of early dropout before day 3, leaving 265 patients for intention to treat analysis. Mortality at day 28 was 4%participants (152 in the intervention group and 6%150 in the control group (mean difference 2%, 95% confidence interval -3% to 8%). Clinical cure was 83%; mean age 69.5 (SD 14.0); mean pneumonia severity score 112.7 (SD 26.0)), 37 were excluded by study requirements, yielding 265 participants (132 in the intervention group and 85%133 in the

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control group (2%, -7% to 10%). Duration) for intention-to-treat analysis. Clinical cure occurred in 110 (83%) intervention patients and 113 (85%) control patients (mean difference 2%; 95% CI -7% to 10%). Mean duration of intravenous treatment and length of hospital stay were reduced was shorter in the intervention group, with mean differences of vs control patients by 3.4 days (3.6 (SD 1.5) +vs 7.0 (SD 2.0) days; 95% CI 2.8 to 3.9 days) and reduced length of hospital stay by 1.9 days (9.6 (SD 5.0) +vs 11.5 (SD 4.9) days; 95% CI 0.6 to 3.2), respectively. days). Mortality by day 28 occurred in 5 (4%) intervention patients and 8 (6%) control patients (mean difference 2%; 95% CI -3% to 8%).

**Conclusions:** Early switch from intravenous to oral antibiotics in patients with severe community acquired pneumonia is safeas safe and effective as standard treatment and decreases length of hospital stay by 2 days.

**Trial registration:** Clinical Trials NCT00273676 [ClinicalTrials.gov].. Funding: Dutch Health Insurance Council, grant OG 99-64.

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