Are CHEST Guidelines Global in Coverage?

Probably Not

To the Editor:

We read with interest the point/counterpoint editorials in a recent issue of CHEST (January 2015) debating whether American College of Chest Physicians (CHEST) guidelines are global in coverage. Although we agree that evidence-based guidelines formulated by leading international societies cover a vast array of respiratory disorders and are drafted after a thorough review of literature, they may not be applicable and practical at all centers, especially resource-limited settings. For example, the international evidence-based Infectious Diseases Society of America/American Thoracic Society guidelines for the management of community-acquired pneumonia (CAP) endorse the use of respiratory fluoroquinolones for management of CAP in patients with comorbidities and those who have received antibiotics within 3 months. However, this cannot be extrapolated to the Indian population where TB is endemic and continues to be an important health issue.

Respiratory fluoroquinolones are an integral component for the treatment of drug-resistant TB. Such a recommendation is likely to cause indiscriminate use of quinolones for treatment of community-acquired respiratory tract infections. The prior use of quinolones can lead to an increased risk of acquiring infection with drug-resistant Mycobacterium tuberculosis, thus adding to the burden of drug-resistant TB. In recent pneumonia guidelines, we have discouraged the indiscriminate use of quinolones in routine management of CAP, reserving its use for treatment of drug-resistant TB. In similar fashion, we have also recommended against the use of linezolid for nosocomial pneumonia, reserving its use for drug-resistant TB.

The international guidelines also recommend the use of investigations like measurement of urinary antigen for diagnosis of Streptococcus pneumoniae and Legionella pneumonia. This is not practical for developing countries like India, as these investigations are either not freely available or are too expensive to be used routinely.

Hence, we feel that although the international guidelines including CHEST guidelines are evidence-based and robust, they need to be modified by national chest societies to better suit their population.

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References


Response

To the Editor:

We appreciate the comments from Drs Sehgal and Agarwal affirming that American College of Chest Physicians (CHEST) guidelines are not global in coverage. Their arguments that the Infectious Diseases of America/American Thoracic Society guideline-based recommendation of quinolones for community-acquired...
Response

To the Editor:

We appreciate Drs Sehgal and Agarwal commenting on our recent point/counterpoint editorials that discussed whether CHEST guidelines are global.1,2 Yet their letter baffles us in that it does not reference a single CHEST guideline. Instead, they discuss why they think a guideline about community-acquired pneumonia published by a joint committee of the Infectious Diseases Society of America/American Thoracic Society is not applicable to their practice in India. Perhaps they should have read that guideline more carefully. It contains 49 recommendations, the first of which states that “locally adapted guidelines should be implemented to improve process of care variables and relevant clinical outcomes. (Strong recommendation; level I evidence).”3 In addition, the Purpose and Scope section states unequivocally that “the guidelines are oriented toward the United States and Canada.” Finally, Drs Sehgal and Agarwal write that they recommended against the use of linezolid for nosocomial pneumonia, citing a Letter to the Editor as evidence to support their position. We contend that it would be a rare proponent or critic of evidence-based medicine in North America or India who would support using the contents of a letter as anything other than the lowest form of evidence. Although we welcome other viewpoints, we stand by our position that CHEST guidelines are global.

References