

## Oseltamivir treatment for influenza in adults

Oseteltamivir (Tamiflu), a neuraminidase inhibitor, has been used for many years in the prophylaxis and treatment of influenza. However, doubts of its efficacy in the treatment of influenza persists. This meta-analysis reviews the topic.

Data from 9 placebo-controlled trials involving more than 4,000 patients have been included. The primary outcome was time to alleviation of all symptoms. The researchers noted a 21% shorter time to alleviation of all symptoms for oseltamivir versus placebo recipients. The median times to alleviation were 97.5 hours for oseltamivir and 122.7 hours for placebo. They also report fewer lower respiratory tract complications requiring antibiotics more than 48 hours after randomisation and also fewer admittances to hospital for any cause in the treated group. The treatment group had an increased risk of nausea (RR 1.60) and vomiting (RR 2.43).

The conclusions were that oseltamivir in adults with influenza accelerates time to clinical symptom alleviation, reduces risk of lower respiratory tract complications, and admittance to hospital, but increases the occurrence of nausea and vomiting.

**Lancet 2015; 385: 1729-37**

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## Antibiotic treatment strategies for community-acquired pneumonia in adults

Community-acquired pneumonia (CAP) is a leading cause of hospitalisation and death worldwide. The questions raised in this paper from Holland concerns the choice of antibiotics for CAP patients admitted to non-intensive care hospital wards.

The researchers compared strategies of empirical treatment (allowing deviations for medical reasons) with beta-lactam monotherapy, beta-lactam-macrolide combination therapy or fluoroquinolone monotherapy. 2,283 patients aged 18 years or older (median age of 70 years) were randomised to the three treatments. The primary outcome was mortality at 90 days.

The median length of hospital stay was 6 days for all strategies. And the overall conclusion of the study was that treatment with beta-lactam monotherapy was noninferior to strategies with a beta-lactam-macrolide combination or fluoroquinolone monotherapy with regard to 90-day mortality.

Amoxicillin, amoxicillin plus clavulanate or a third-generation cephalosporin were the preferred beta-lactams. Penicillin was not allowed as beta-lactam monotherapy.

**N Eng J Med 2015; 372:1312-23**

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## Impact of anaemia on mortality in elderly patients with acute coronary syndromes

In this study, anaemia was defined as haemoglobin <130 g/L in men, and <120 g/L in women. Over 2,000 patients with the acute coronary syndrome were involved. 18.6% of them were aged 75 years or older. Anaemia was significantly more common in the elderly.

Anaemia independently predicted overall mortality, cardiac mortality and non-cardiac mortality in the whole cohort. However, the conclusions reached were that “the impact of anaemia on cause specific of mortality seem to be different according to age subgroup. The association between anaemia and mortality was not observed in elderly patients from our series.”

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