

Moxifloxacin

A Viewpoint by Patrick Petitpretz

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Moxifloxacin is a new antibacterial with a broad spectrum of activity. It belongs to the so-called third generation of fluoroquinolones and shares with other members of this group markedly improved activity against penicillin-susceptible and -resistant pneumococci.

Preliminary results from clinical trials suggest that moxifloxacin is a very promising agent for the treatment of community-acquired lower respiratory tract infections (LRTIs), i.e. community-acquired pneumonia (CAP) and acute exacerbations of chronic bronchitis (AECB), given its good efficacy and tolerability and once daily dosage. This is good news for physicians and patients, considering the worldwide increase in drug-resistant pneumococcal infections.

New fluoroquinolones are improvements, not

breakthrough developments. In order to preserve the clinical utility of this new antibacterial, clinicians managing community-acquired LRTIs need to remember some important points. Firstly, community-acquired LRTIs are extremely common, but most of them do not require antibacterial therapy. Secondly, in the community setting, if the antibacterial therapy is empiric, the diagnosis should be as accurate as possible. CAP and AECB generally represent less than 5 and 20%, respectively, of LRTIs. Thirdly, clinical criteria for antibacterial success or failure must be used in order to limit unnecessarily prolonged treatment.

Thus, the excellent activity of moxifloxacin against the organisms commonly associated with community-acquired LRTI, especially *S. pneumoniae*, suggests that it may represent a valuable alternative in the management of such infections. As with any antimicrobial agent, rational prescribing should help to ensure its continued clinical usefulness. ▲