

Letters to the Editor

Recognizing Differing Evidence in the Literature

To the Editor: Drs. Womack and Kropa provide a useful review of the evidence for management of community-acquired pneumonia (CAP) in adults. However, I was surprised by the statement that “corticosteroid treatment is not generally recommended for CAP,” with an evidence rating of B.¹

In 2020, I wrote a Cochrane for Clinicians summary that states: “For adults hospitalized with severe CAP, the use of corticosteroids may reduce the likelihood of mortality. (Strength of Recommendation [SOR]: B, based on inconsistent or limited-quality patient-oriented evidence.) For adults and children hospitalized with CAP, the use of corticosteroids may reduce the likelihood of early clinical failure. The risk of hyperglycemia is transient and of limited clinical significance. (SOR: A, based on consistent, good-quality patient-oriented evidence).”²

As noted in my Cochrane for Clinicians summary, the 2019 guideline from the American Thoracic Society and Infectious Diseases Society of America called for more research in the area of corticosteroids for CAP,³ yet surprisingly made no reference to the 2017 Cochrane review that found good-quality patient-oriented evidence that corticosteroids can reduce the likelihood of early clinical failure.

American Family Physician laudably aims to publish high-quality, evidence-based clinical content for family physicians. To meet that goal, it is important to both critically discuss recommendations from specialty societies and consistently share clinical evidence that may be of higher quality than and different from specialty recommendations. In this case, in which a subspecialty guideline disregards high-quality, previously published evidence, it is important to

acknowledge the diversity of recommendations in the literature.

Editor’s Note: This letter was sent to the authors of “Community-Acquired Pneumonia in Adults: Rapid Evidence Review,” who declined to reply.

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References

1. Womack J, Kropa J. Community-acquired pneumonia in adults: rapid evidence review. *Am Fam Physician*. 2022;105(6):625-630.
2. Cayley WE Jr. Corticosteroids for hospitalized patients with community-acquired pneumonia [Cochrane for Clinicians]. *Am Fam Physician*. 2020;102(5):272-273.
3. Metlay JP, Waterer GW, Long AC, et al. Diagnosis and treatment of adults with community-acquired pneumonia. An official clinical practice guideline of the American Thoracic Society and Infectious Diseases Society of America. *Am J Respir Crit Care Med*. 2019;200(7):e45-e67.

Correction

Quiz Answer Choice. After publication, the online version of the article, “Evidence-Based Contraception: Common Questions and Answers,” (September 2022, p. 251) was updated to include information from the U.S. Food and Drug Administration from August 2022 that extended the recommended duration of use for the levonorgestrel-releasing intrauterine system, 52 mg, (Mirena) to eight years. This update should also have been included in the online version of the CME Quiz for the September 2022 issue. In Question 2, answer choice D has been updated to the following: “Levonorgestrel-releasing intrauterine system, 52 mg, (Mirena) for eight years.” ■

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