

Knowledge, Attitudes and Practices of Pediatricians on the Diagnosis and Management of Pediatric Community Acquired Pneumonia in the Selected Areas in the Philippines

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Background --- Pediatric community acquired pneumonia is a major health concern in the Philippines. It is a common encountered infection associated with significant morbidity and mortality which contributes a major expenditure to health care delivery system. Thus, a local clinical practice guideline on the diagnosis and management of pediatric community acquired pneumonia was formulated through the initiative of the Philippine Pediatric Society with the collaborative efforts of societies and agencies involved in the care of patients with pneumonia. This effort aimed to provide quality health care by providing options that promote practices with scientific basis and discourage ineffective or harmful intervention in the rational approach to the treatment of community acquired pneumonia. This study aims to determine the knowledge, attitude and practice of pediatricians in selected hospitals in the Philippines in the management of Community Acquired Pneumonia in reference to the existing PPS - PCAP CPG.

Methods --- We conducted a cross-sectional survey among pediatricians in selected areas in the Philippines. A survey multiple choice questionnaire based from the questionnaire of Banez AU et al. in the study entitled "Knowledge, attitude and practice of pediatricians, family physicians and general practitioners in the Philippines" on the diagnosis and management of community acquired pneumonia in children which contains the demographic profile of the respondent and questions on the evaluation and assessment of the PPS-PCAP CPG including their knowledge, attitudes and practices in the diagnosis and management of PCAP was used in this study. Results were tabulated using Microsoft Excel. Frequencies and percentage were determined for each item in the questionnaire.

Results --- One hundred sixty two pediatricians aged 29-70 years old (mean = 39.4) from different areas of the country were included in the study, most of which are females (68.5%) and have been practicing for less than 5 years (53.7%). One hundred fifty one (93.2%) of the respondents are aware of the existing local clinical practice guidelines on pediatric community acquired pneumonia and 45.7% of them learned of the CPG through Academic Meetings. One hundred fifty four (95.1%) of the pediatricians think that history, physical examination and clinical symptoms are important tools to arrive at a diagnosis of pneumonia. Most of the respondents, 79% would not always but sometimes request for initial chest radiograph but always think that presence of lung abscess (82.7%), pleural effusion (80.2%) and alveolar consolidation (69.1%) suggest severity of the disease, 53.7% of respondents would sometimes feel the need to admit patients with PCAP A and almost all of the respondents (90.1%) feel the need to admit patients with moderate and high-risk pneumonia (PCAP C/D.)

One hundred forty two (87%) respondents agreed to switch to oral antibiotics after a certain time when IV antibiotics was used as initial management. Almost all of the respondents agreed to switch IV to oral antibiotics when patient is able to feed with intact GI absorption (87.7%),

responding to initial therapy (85.8%) and 57% of the respondents deemed to agree to switch IV to oral antibiotics when necessary after 3 days. Eighty nine (54.9%) would request for other diagnostic work up to confirm the diagnosis of PCAP. Most of the respondents would always request for Complete Blood Count (46.3%) to confirm their diagnosis of PCAP, ESR (3.1%) and CRP (2.5%), sputum GS/CS (9%) and blood culture (7.4%) for confirmation of pneumonia were not routinely done by the respondents. Respondents always recommended Amoxicillin (73.5%) for treatment of PCAP A. Cefuroxime (48.8%) and Co-Amoxiclav (38.9%) were always the top choices of antibiotics used for PCAP B while Cefuroxime (51.2%) and Ampicillin-Sulbactam (40.1%) were the antibiotics that were always used by the pediatricians for PCAP C and D. Most of the respondents (90.1%) would always treat their patients with antibiotics for 7 days or more while 60.1% of the respondents would sometimes extend their treatment to 14 days. Most of the respondents (58%) will always refer to specialists if complications occurred and sometimes refer to specialists for wrong diagnosis (54.3%), if patient has been given several antibiotics prior to admission (53.7%) and patients did not respond to antibiotics after 72 hours (51.2%), Most of the respondents will always request for a chest radiograph after the course of treatment (67.9%). Most of the respondents always recommend respiratory vaccines (62.3%) such as Influenza (32%), Pneumococcal (31.4%) and Hib (30.8%) vaccines.

Conclusion --- Variations in diagnostic and therapeutic decisions are still observed and adherence to the guidelines is not being optimized. *Phil Heart Center J 2012;16:85-6.*