

Risk Factors to predict one-year Community-Acquired Pneumonia in a Low-Middle Income Country: A Prospective Cohort Study

Corresponding author: Luis Felipe Reyes, MD, PhD

luis revesso unisabana educ

Elsa D. Ibáñez-Prada:, Yuli V. Fuentes:-, Cristian C. Serrano-Mayorga:-, Julian Lozada:, Ingrid G. Bustos:, Lina Mendez:, Ana M. Crispin:, Luis Felipe

Reves: **

1, Universidad de la Sabana, Chia, Colombia; 2, Clinica Universidad de La Sabana, Chia, Colombia; 3, University of Oxford, Oxford, United Kingdom.

BACKGROUND

Community-acquired pneumonia (CAP) is the principal cause of mortality due to infectious diseases globally. Some risk factors have been identified for CAP. such as age, smoking, environmental exposures, malnutrition, previous CAP, chronic bronchitis/chronic obstructive pulmonary disease (COPD), asthma, functional impairment, poor dental health, and immunosuppressive therapy, among others. However, these studies conducted in high-income were countries and patients without comorbid conditions. Therefore, we aimed to identify the risk factors associated with CAP development within a one-year follow-up in a prospective cohort of patients with comorbid conditions in Colombia.

METHODS:

This prospective cohort of adult patients with chronic comorbidities between 2020-and 2022 in Bogotá, Colombia. Univariate analysis and multivariate logistic regression model were developed to identify the variables associated with CAP development within a one-year follow-up. The logistic regression model included variables with a p-value<0.20 in the univariate analysis.

Table 1. Logistic regression analysis

RESULTS:

A total of 810 patients were included in the study. Median [IQR] age was 63 [53-621 and the most common comorbidities 52.2% [423/810] arterial were hypertension, 21.7% [176/810] coronary disease, and 19.0% [154/810] congestive heart failure. To date, 678 follow-ups have been made. Thirty-four patients died before the 6-month follow-up, and 46 were lost, leaving 598 patients included in the analysis. The cumulative incidence of CAP was 4.3% [26/598] during one year. After adjusting the logistic regression model, the main risk factors associated with pneumonia development were COPD [OR 4.30, 95%] Cl 1.66-11.11. p<0.01l. and previous antibiotic treatment IOR 4.08, 95% CI 1.08-15.29, p=0.04] (Table 1).

CONCLUSIONS:

Patients with a history of COPD or previous antibiotic treatment have higher risk of developing pneumonia within one year.

Variable	Univariate Analysis		Multivariate Analysis			
Variable	P-value	OR (95%CI)	P-value	OR (95%CI)		
Demographic					Comorbi	
Age	0.14	1.00 (0.99-1.00)			Renal rep	
Male	0.45	0.98 (0.95-1.02)			Leukope	
BMI	0.45	1.00 (0.99-1.00)			Autoimm	
Health worker	0.14	1.04 (0.98-1.11)	0.10	2.58 (0.81-8.22)	Lupus	
Geriatric home	0.44	0.95 (0.84-1.07)			Other im	
Number of people living	0.59	1.00 (0.99-1.01)			Clinical o	
together	0.59				Tracheos	
Number of children living	0.64	1.00 (0.97-1.03)			Bladder o	
together	0.64	1.00 (0.97-1.03)			Prostheti	
Overcrowding	0.23	0.95 (0.88-1.03)			Recurren	
Comorbid conditions					Resistant	
Smoke	0.37	1.02 (0.97-1.07)			Antibiotic	
Alcoholism	0.82	0.95 (0.63-1.43)			Biologic 1	
Obesity	0.79	1.00 (0.96-1.05)			Chemoth	
Stroke	0.56	0.95 (0.81-1.11)			Emergen	
COPD	<0.01	1.08 (1.02-1.14)	<0.01	4.30 (1.66- 11.11)	Hospitali Days of la	
OSAHS	0.79	0.99(0.94-1.04)			hospitalia	
History of pneumonia	0.23	1 04 (0 97.1 12)			Pneumor	
Anemia	0.62	0.95(0.79.1.14)			Pneumoo	
Transplantation	0.21	1.10(0.94-1.28)			history	
Bronchiectasis/ cystic fibrosis	0.82	0.95 (0.63-1.43)			Number	
Cancer	0.22	0.95 (0.88-1.02)			vaccine d	
Cirrhosis	0.82	0.95 (0.63-1.43)			Influenza	
Dementia	0.70	0.95 (0.75-1.20)			Hospitali	
Diabetes Mellitus	0.44	1.01 (0.97-1.07)			weeks (of	
Liver disease	0.56	0.95 (0.81-1.11)			pneumor	
Mental disease	0.59	0.95 (0.80-1.12)			Antibiotic	
Neurological disease	0.35	1.04 (0.95-1.13)			the last w	
Cardiac arrhythmia	0.47	0.98(0.93-1.03)			pneumor	
Myocardial Infarction	0.70	0.99 (0.94-1.03)			Influenza	
Coronary disease	0.45	0.98(0.94-1.02)			last year	
Heart failure	0.69	0.99(0.95-1.03)			Pneumoo	
Arterial Hypertension	0.21	1.02(0.98-1.05)			the last y	
Arthritis/arthrosis	0.03	1.10 (1.01-1.21)	0.11	2.98 (0.76-11.60)	COVID-1	
Renal disease	0.75	1.00 (0.95-1.05)			last week	

Variable	Univariate Analysis		Multivariate Analysis		
	P-value	OR (95%CI)	P-value	OR (95%CI)	
Comorbid conditions					
Renal replacement therapy	0.69	1.01 (0.96-1.06)			
Leukopenia/ neutropenia	0.48	0.95 (0.83-1.08)			
Autoimmune disease	0.69	1.01 (0.94-1.09)			
Lupus	0.21	1.10 (0.94-1.28)			
Other immunosuppression	0.04	1.09 (1.00-1.19)	0.08	3.30 (0.85-12.7	
Clinical condition					
Tracheostomy	0.82	0.95 (0.63-1.43)			
Bladder catheter	0.37	0.95 (0.86-1.05)			
Prosthetic material	0.37	0.95 (0.86-1.05)			
Recurrent infections	0.41	0.95 (0.85-1.06)			
Resistant bacteria infections	0.53	0.95 (0.82-1.10)			
Antibiotics use last year	0.59	0.95 (0.80-1.12)			
Biologic therapies use	0.62	1.01 (0.94-1.09)			
Chemotherapy	0.48	0.95 (0.83-1.08)			
Emergency visit last year	0.39	0.95 (0.85-1.06)			
Hospitalized last year	0.48	0.95 (0.83-1.08)			
Days of last year's	0.45	0.98 (0.93-1.02)			
hospitalization	0.45				
Pneumococcal colonization	0.53	0.95 (0.82-1.10)			
Pneumococcal vaccination	0.08	1.04 (0.99-1.10)			
history	0.08	1.04 (0.99-1.10)			
Number of pneumococcal	0.15	1.03 (0.98-1.08)			
vaccine doses history	0.15	1.03 (0.98-1.08)			
Influenza vaccination history	0.08	1.03 (0.99-1.06)			
Hospitalization in the last					
weeks (other than	0.49	1.01 (0.96-1.06)			
pneumonia)					
Antibiotic management in				4.08 (1.08-	
the last weeks (other than	0.05	1.08 (0.99-1.18)	0.04		
pneumonia)	1			15.29)	
Influenza vaccination in the	0.34	4 00 /0 07 4 0/1			
last year	0.34	1.02 (0.97-1.06)			
Pneumococcal vaccination in	0.96	0.99 (0.91-1.08)			
the last year	0.96	0.99 (0.91-1.08)			
COVID-19 vaccination in the	0.21	1.04 (0.97-1.13)			
last weeks	0.21	1.04 (0.97-1.13)			