

REVIEWER'S REPORT

Manuscript No.: IJAR-51829

Date: 26-05-2025

Title: SHORT-DURATION VERSUS LONG-DURATION ANTIBIOTIC THERAPY FOR HEALTHCARE-ASSOCIATED PNEUMONIA IN INTENSIVE CARE UNITS

Recommendation:

Accept as it is.....**YES**.....
 Accept after minor revision.....
 Accept after major revision
 Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality			√	
Techn. Quality			√	
Clarity		√		
Significance		√		

Reviewer's Name: Dr Aamina

Reviewer's Decision about Paper: **Recommended for Publication.**

Comments (*Use additional pages, if required*)

Reviewer's Comment / Report

:

The title is precise and clearly conveys the primary focus of the study, which is the comparative evaluation of short-duration versus long-duration antibiotic therapy in the context of ICU-managed healthcare-associated pneumonia (HCAP). It effectively frames the scope of the research for a clinical and academic audience.

Abstract:

The abstract succinctly summarizes the study's background, methodology, key findings, and implications. The comparison of 7-day and 14-day antibiotic regimens in a defined ICU setting, with primary and secondary endpoints clearly stated, provides a coherent overview. The

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conclusion regarding non-inferiority and the suggestion for updated stewardship practices is well-grounded in the presented evidence.

Keywords and Focus:

Although keywords are not explicitly listed, the abstract and introduction emphasize major themes such as HCAP, ICU care, antibiotic duration, antimicrobial resistance, and clinical outcomes, all of which are relevant and topical in infectious disease and critical care literature.

Introduction and Background:

The introduction provides a comprehensive overview of HCAP, its clinical significance, and the evolution of treatment practices, including historical context from ATS/IDSA guidelines. The discussion of pathogen diversity, treatment complexity, and ICU patient vulnerability is well articulated.

Literature Contextualization:

The manuscript references current debates in pneumonia management, particularly around treatment durations. It situates the study within the framework of antimicrobial stewardship, highlighting both the clinical and systemic rationale for exploring shorter therapy courses. Relevant guidelines and research are appropriately cited to justify the study's relevance and necessity.

Rationale and Research Gap:

The manuscript clearly identifies a gap in existing literature—namely, the lack of focused evidence for ICU-specific HCAP populations. The rationale for conducting a retrospective observational study is well supported, and the manuscript acknowledges the challenges of heterogeneity in ICU patient presentations.

Study Design and Scope:

Details of the unicentric study, patient population (n=400), and timeframe (January 2023 to February 2025) are clearly presented. The endpoints—clinical cure at day 14, resistance development, ICU LOS, mortality, and adverse events—are appropriate for the study objectives. The observational nature and setting within a surgical ICU are also noted, providing necessary context.

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Clinical and Scientific Relevance:

The findings regarding the non-inferiority of the 7-day regimen, alongside benefits in resistance patterns and adverse events, underscore the clinical relevance of the research. The implications for antibiotic stewardship, especially in high-risk ICU settings, are highly pertinent to current healthcare priorities.

Presentation and Clarity:

The manuscript is clearly written and logically organized. The progression from background to rationale, through to the identification of a clinical gap, is well structured. Terminology is appropriately technical for a medical audience and adheres to standard academic norms.

Conclusion:

This manuscript presents a valuable contribution to the growing body of literature supporting optimized antibiotic use in critical care. By examining short- versus long-duration therapy in a defined ICU HCAP population, it addresses a meaningful clinical question with practical implications for patient outcomes and institutional policy. The study is well-formulated, data-driven, and timely.