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Comparison of three differential media for the presumptive identification of yeasts

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The Editor-in-Chief apologises for the incorrect spelling of the second author's name in [1]. The correct spelling is as shown above.

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Quinolones in 2005: an update

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Table 2. Pharmacokinetic parameters used for proposing PK/PD based limits of sensitivity and conditions favouring the prevention of emergence of resistance for most common organisms and systemic infections, together with the breakpoints set by European and American ad-hoc organisations

		Typical PK values		Proposed PK/PD upper limit		Breakpoints (mg/L)[d]	
Drug	Typical daily dosage[a]	C_{max} in mg/L total/free (dose)	$AUC_{24\ h}$ (mg × h/L) total/free	Efficacy[b]	Prevention of resistance[c]	EUCAST (S/R)	NCCLS (S/I/R)
Norfloxacin	800 mg	1.4/1.1 (400 mg PO)	14/11	0.1–0.4	0.1	≤0.5/>1[e]	≤4/8/>16[j]
Ciprofloxacin	1000 mg	2.5/1.75 (500 mg PO)	24/18	0.2–0.8	0.2	≤0.5/>1[f] (≤0.125/>2)[g]	≤1/2/>4[k]
Ofloxacin	400 mg	4/3 (400 mg PO)	40/30	0.3–0.9	0.4	≤0.5/>1[f] (≤0.125/>4)[g]	≤2/4/8[l]
Levofloxacin	500 mg	4/2.8 (500 mg PO)	40/28	0.3–0.9	0.3	≤1/>2[f] (≤2/>2)[h]	≤2/4/8[l]
Moxifloxacin	400 mg	3.1/1.8 (400 mg PO)	35/21	0.2–0.7	0.2	≤0.5/>1)[e] (≤0.5/>0.5)[i]	≤1/2/4[m]

EUCAST, European Committee on Antimicrobial Susceptibility Testing (http://www.eucast.org) [241].
NCCLS, National Committee for Clinical Laboratory Standards (Clinical and Laboratory Standards Institute) (http://www.nccls.org).
S, susceptible; I, intermediately resistant; R, resistant.
[a]In patients with no gross abnormality of the excretory functions, and for most common tissue-based infections (thus excluding simple cystitis); based on recent typical 'Summary of Product Characteristics' (SPC, or 'labelling' in Europe). Recent guidelines, and SPC in some countries, suggest higher dosages for ciprofloxacin (up to 1200 mg/day), ofloxacin (up to 800 mg/day), and levofloxacin (750–1000 mg/day). Because the pharmacokinetics of registered quinolones are linear with respect to doses (within the limits of the agents registered), adaptation of the figures of C_{max} and $AUC_{24\ h}$ for doses other than those shown here can be done by simple extra- or intrapolation.
[b]Based on a free $AUC_{24\ h}$/MIC ratio ranging from 30 (pneumococcocal infection/immunocompetent host) to 100 (Gram-negative infection/immunoimpaired host); see discussion in text in support of these values as average means for free concentrations.
[c]Based on a minimal C_{max}/MIC ratio of 10, considered to encompass the 'mutant prevention concentration' of most susceptible isolates (see text for discussion). Application of this criterion will also meet the requirement for larger $AUC_{24\ h}$/MIC ratios than needed for efficacy.
[d]For organisms within the main indications.
[e]Enterobacteriaceae only (*Pseudomonas* is considered to be non-susceptible).
[f]For most Gram-negative organisms, including *Pseudomonas*; 1 for *Staph. aureus* with high-dose therapy.
[g]Values in parentheses refer to *Streptococcus pneumoniae*, where the wild-type population is not considered susceptible to ciprofloxacin or ofloxacin, and is therefore categorised globally as 'intermediate'.
[h]For *Strep. pneumoniae* and levofloxacin, the breakpoint was increased to 2 to avoid dividing the wild-type population (see [242] for a typical example from France), but this breakpoint relates to high dose therapy.
[i]For *Strep. pneumoniae*, *Haemophilus influenzae* and *Moraxella catarrhalis*.
[j]Enterobacteriaceae and *P. aeruginosa*.
[k]*Staphylococcus aureus*, Enterobacteriaceae and *P. aeruginosa*.
[l]*Strep. pneumoniae*, *Staph. aureus*, Enterobacteriaceae and *P. aeruginosa*.
[m]*Strep. pneumoniae*.

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