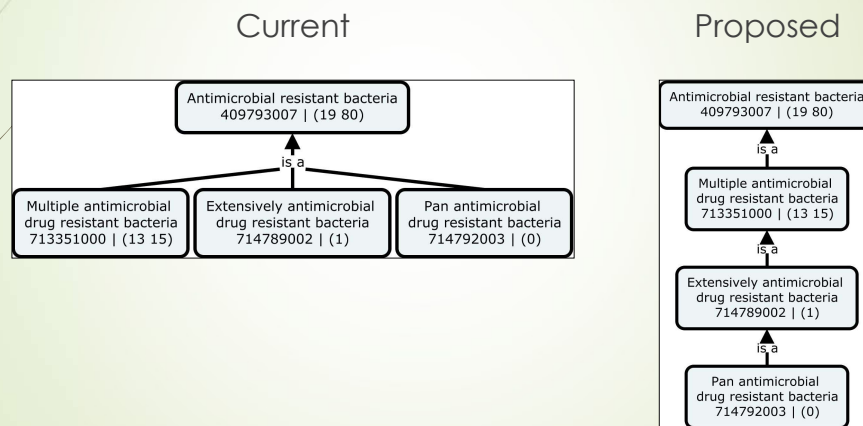


Which logic is correct? Does it matter?



It's difficult to draw conclusions about the INTENT of creators of any set of resistance categories. Should these concepts remain as they are – mutually exclusive categories or is there a logical arrangement based on increasing numbers of drugs to which bacteria are resistant. (Pan resistant bacteria are certainly resistant to multiple drugs). Definitions and reference below are the text definition descriptions of these concepts in SNOMED CT.

713351000 | Multiple antimicrobial drug resistant bacteria (organism):

Multi Drug Resistance (MDR) is defined as non-susceptibility to at least one agent in three or more epidemiologically significant antimicrobial categories. Non-susceptibility refers to either a resistant, intermediate or non-susceptible result obtained from in vitro antimicrobial susceptibility testing. (DOI: 10.1111/j.1469-0691.2011.03570.x)

714789002 | Extensively antimicrobial drug resistant bacteria (organism):

Extensive drug resistance (XDR) is defined as non-susceptibility to at least one agent in all but two or fewer epidemiologically significant antimicrobial categories. Non-susceptibility refers to either a resistant, intermediate or non-susceptible result obtained from in vitro antimicrobial susceptibility testing. (DOI: 10.1111/j.1469-0691.2011.03570.x)

714792003 | Pan antimicrobial drug resistant bacteria (organism):

Pandrug resistance (PDR) is defined as non-susceptibility to all agents in all epidemiologically significant antimicrobial categories (i.e. no agents tested as susceptible for that organism). Non-susceptibility refers to either a resistant, intermediate or non-susceptible result obtained from in vitro antimicrobial susceptibility testing. (DOI: 10.1111/j.1469-0691.2011.03570.x)