and that prospective cohort studies are needed to evaluate the effect of HAART in decreasing cardiac involvement in patients with HIV-1 infection.

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Reply

Sir—In his letter, Dr. Johnson [1] describes one of the dilemmas confronted by guideline committee members when recommendations are developed—namely, the issue of formulating statements on the basis of well-controlled clinical trials (i.e., evidenced-based recommendations). Although all 3 of the guidelines recently published in North America for the management of community-acquired pneumonia (CAP) include various recommendations for the use of doxycycline as an option for empiric therapy for ambulatory patients (and, in 1 statement, as part of potential combination therapy for patients hospitalized on the general ward), it is acknowledged that this recommendation is based primarily on in vitro data rather than on substantial clinical data [2–4]. Dr. Johnson indicates that the review article by Thornsberry et al. [5] does not include doxycy-