
Cochrane Database of Systematic Reviews - - Cochrane Review

Antibiotic treatment for *Burkholderia cepacia* complex in people with cystic fibrosis experiencing a pulmonary exacerbation

Code: CD009529

Year: 2020 **Date:** 2012 - updated: 29 MAY 2019

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Study design (if review, criteria of inclusion for studies)

Randomised and quasi-randomised controlled trials of treatments for exacerbations of pulmonary symptoms in cystic fibrosis patients chronically infected with organisms of the *Burkholderia cepacia* complex.

Participants

Patients with CF, of any age. Participants are also required to have evidence of pulmonary infection with organisms of the *Burkholderia cepacia* complex (Bcc)

Interventions

Any antibiotic treatment regimen for treating an exacerbation of CF-lung disease compared to placebo or different antibiotic regimen

Outcome measures

Primary outcomes: FEV₁, survival (n of deaths), adverse events (mild, moderate, severe)

Main results

No trials were included in this review.

Authors' conclusions

Burkholderia cepacia complex infections present a significant challenge for people with cystic fibrosis and their clinicians. The incidence is likely to increase as the cystic fibrosis population ages; and managing and treating these infections will become more important. There is a lack of trial evidence to guide decision making and no conclusions can be drawn from this review about the optimal antibiotic regimens for people with cystic fibrosis who have chronic *Burkholderia cepacia* complex infections. Clinicians must continue to assess each person individually, taking into account in vitro antibiotic susceptibility data, previous clinical responses and their own experience. Multicentre randomised clinical trials are needed to assess the effectiveness of different antibiotic regimens in people with cystic fibrosis infected with organisms of the *Burkholderia cepacia* complex.

<https://doi.org/10.1002/14651858.CD009529.pub4>

See also

Lord R, Jones AM, Horsley A. Antibiotic treatment for *Burkholderia cepacia* complex in people with cystic fibrosis experiencing a pulmonary exacerbation. Cochrane Database of Systematic Reviews 2020, Issue 4. Art. No.: CD009529. DOI: 10.1002/14651858.CD009529.pub4

Keywords

Anti-Bacterial Agents; pharmacological_intervention; *Burkholderia cepacia*; Respiratory Tract Infections; Respiratory Tract Diseases; Infection; Bacterial Infections; Exacerbation;