primary studies - published RCT

Evaluation of once daily tobramycin versus the traditional three time daily for the treatment of acute pulmonary exacerbations in adult cystic fibrosis patients.

Code: CN-00613134 **Year:** 2006 **Date:** 2006 **Author:** Al Ansari NA

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

prospective, randomized study

Participants

15 adult cystic fibrosis patients colonized with Pseudomonas aeruginosa

Interventions

OD with TDS tobramycin, each plus a second anti-pseudomonal, for the treatment of acute infective exacerbation. the same individuals received the alternate treatment regime for the next exacerbation

Outcome measures

clinical and bacteriological, efficacy, toxicity, and the effects on susceptibility of the organism among patients in both treatment groups. Isolates were identified, and the Minimum Inhibitory Concentration (MIC) of the antibiotic in each patient was performed. Patients were assessed for clinical improvement, toxicity and the total viable count in their sputum on days 0, 7 and 14.

Main results

In both treatment groups there was a significant clinical improvement, and toxicity did not occur in either group. There was no difference in clinical outcome, adverse events, or time to the next exacerbation. No difference was seen in the selection of antibiotic resistance. OD tobramycin appeared more effective in reducing the number of bacteria in the group overall at day 7 and in two individuals, at day 14.

http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/134/CN-00613134/frame.html

See also

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Keywords

Adolescent; Adult; Alcaligenes; Achromobacter xylosoxidans; Anti-Bacterial Agents; Aztreonam; Bacterial Infections; Ceftazidime; Ciprofloxacin; Cotrimoxazole; Drug Administration Schedule; Exacerbation; Infection; Meropenem; pharmacological_intervention; Pseudomonas aeruginosa; Pseudomonas; Respiratory Tract Diseases; Respiratory Tract Infections; Stenotrophomonas Maltophilia; Tobramycin; colonization; Monobactams; Cephalosporins; Quinolones; Sulfonamides; Carbapenems; Aminoglycosides;