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Communication of carrier status information following universal newborn screening for sickle cell disorders and cystic fibrosis: qualitative study of experience and practice

Code: HTA-32006001312 **Year:** 2009 **Date:** 2011 - updated: 10 JUN 2015

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

Randomised and quasi-randomised controlled comparing the effects of topical nasal steroids to placebo in people with nasal polyps with cystic fibrosis.

List of included studies (1)

Hadfield 2000

Participants

Adults and children with diagnosed CF (diagnosed by sweat or genetic testing or both) who present with symptomatic nasal polyps are to be included in both the treatment and control groups. Participants will not be excluded on the basis of previous surgery for nasal polyps.

Interventions

Steroid drops

Outcome measures

Mild adverse events; Reduction in polyp size

Main results

One single-centred trial (46 participants) was identified comparing a topical steroid (betamethasone) given as nasal drops to placebo. Treatment was given twice daily for six weeks; 22 participants received the active drug. Subjective symptom scores, change in polyp size, and side effects were assessed. There was no difference in nasal symptom scores between the treatment and placebo groups. Betamethasone was effective in reducing the size of polyps, but was associated with increased reports of mild side effects, nasal bleeding and discomfort. Risk of bias was high since over 50% of people enrolled did not complete the study. Follow-up of participants was short (six weeks) also reducing the significance of the results for clinical practice.

Authors' conclusions

This review suggests topical steroids for nasal polyposis in people with cystic fibrosis have no demonstrable effect on subjective nasal symptom scores. They have some effect in reducing the size of the polyps, but due to the small sample size, poor completion rates and lack of follow-up, the trial is at high risk of bias and evidence for efficacy is limited. Overall there is no clear evidence for using topical steroids in people with cystic fibrosis and nasal polyposis. A well-designed randomised controlled trial of adequate power and long-term follow-up is needed. Validated measures of symptoms and physical findings should be performed and quality of life issues addressed.

<http://www.hta.ac.uk/1510>

See also

Health Technology Assessment YR: 2009 PG: 1

Keywords

pharmacological_intervention; Steroids; Nasal Polyps; Respiratory Tract Diseases;