
HTA - - Health Technology Assessment Report

Inhaled tobramycin versus intravenous tobramycin for patients with cystic fibrosis: a review of the clinical effectiveness, cost effectiveness, and guidelines (Structured abstract)

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Author: CADTH

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

A limited literature search of key resources was conducted, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Participants

patients with CF and *Pseudomonas aeruginosa*

Interventions

Tobramycin (inhaled vs IV tobramycin)

Outcome measures

clinical effectiveness, cost effectiveness

Main results

The literature search produced 527 citations, with an additional 3 studies identified from other sources. Of these, 41 were deemed potentially relevant and 5 met the criteria for inclusion in this review – 3 retrospective studies and 2 evidence-based guidelines. For the treatment of patients with CF there was no evidence found comparing inhaled and IV tobramycin. No decline in kidney function was found with long-term inhaled or IV tobramycin therapy. Adherence rates were low with inhaled tobramycin (increasing hospitalization risk). No evidence was identified for adherence with IV tobramycin therapy.

<http://onlinelibrary.wiley.com/doi/10.1111/hta.12012/frame.html>

See also

Health Technology Assessment Database

Keywords

Anti-Bacterial Agents; Bacterial Infections; Child; Infant; Infection; Inhalation OR nebulised; Intravenous; pharmacological_intervention; Pneumonia; *Pseudomonas aeruginosa*; *Pseudomonas*; Respiratory Tract Diseases; Respiratory Tract Infections; Tobramycin; Aminoglycosides;