primary studies - published RCT

RAD in stable lung and heart/lung transplant recipients: safety, tolerability, pharmacokinetics, and impact of cystic fibrosis.

Code: PM11257560 **Year:** 2001 **Date:** 2005 **Author:** Doyle RL

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

Randomised crossover trial

Participants

24 patients with bronchiectasis

Interventions

Patients were randomised to receive four single treatment schedules in random order: (1) active cycle breathing technique (ACBT) alone, (2) nebulised terbutaline then ACBT, (3) nebulised terbutaline, nebulised IS then ACBT and (4) nebulised terbutaline, nebulised HS then ACBT.

Outcome measures

Sputum weight; ease of expectoration; sputum viscosity; FEV1

Main results

Sputum weights were significantly higher after HS than IS (P = 0.002). Ease of expectoration also differed overall (P

Authors' conclusions

Nebulised hypertonic saline can be used safely and effectively as an adjunct to physiotherapy in selected patients. A long-term prospective trial is now indicated to determine its effectiveness on long-term infection rate, quality of life and lung function.

http://dx.doi.org/10.1016/S1053-2498(00)00232-1

See also

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Keywords

hydration; Hypertonic Solutions; Inhalation OR nebulised; pharmacological_intervention; Airway clearance drugs -expectorants-mucolytic- mucociliary-; Airway clearance technique; non pharmacological intervention - devices OR physiotherapy; Respiratory System Agents; Chest physiotherapy; Active Cycle of Breathing Technique -ACBT-; Adrenergic beta-Agonists; nebuliser; Terbutaline; Bronchiectasis; Respiratory Tract Diseases;