primary studies - published RCT

Composite spirometric-computed tomography outcome measure in early cystic fibrosis lung disease.

Code: PM12746252 **Year:** 2003 **Date:** 2006 **Author:** Robinson TE

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

Randomised, multicentre, double-blind, placebo-controlled trial.

Participants

82 young people with CF (6-21 years, mean age 11.0 years, SD 3.3 years), 40 in azithromycin group, 42 in placebo group. FEV1 >40% predicted. 19 patients were infected with Pseudomonas aeruginosa.

Interventions

Azithromycin 250 mg tablet 3 times per week (>40 kg, 500 mg) versus placebo.

Outcome measures

Relative change in FEV1 and FVC % predicted, number of pulmonary exacerbations, additional antibiotic treatment (oral and IV), lung microbiology and adverse events.

Main results

The relative change in FEV1 at month 12 did not differ significantly between the two groups. The number of pulmonary exacerbations (count ratio 0.50 (95% CI 0.32 to 0.79), p

Authors' conclusions

Long term use of low dose azithromycin in young patients with cystic fibrosis has a beneficial effect on lung disease expression, even before infection with Pseudomonas aeruginosa.

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See also

Am J Respir Crit Care Med. 2003 Sep 1;168(5):588-93. Epub 2003 May 13.

Keywords

Adolescent; Adult; Anti-Bacterial Agents; Azithromycin; Bacterial Infections; Child; Infection; pharmacological_intervention; placebo; Pseudomonas aeruginosa; Pseudomonas; Respiratory Tract Diseases; Respiratory Tract Infections; Tablets; Macrolides; Anti-Inflammatory Agents; Anti-Inflammatory Agents - excl Steroids;