

primary studies - published RCT

## **Predicting response to rhDNase and hypertonic saline in children with cystic fibrosis.**

**Code:** PM15022126    **Year:** 2004    **Date:** 2007

**Author:** Suri R

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

Placebo-controlled cross-over trial over 2 days

### **Participants**

12 participants (6 males), age range 17 - 39 years. Histamine challenge test was performed to assess bronchial hyper-reactivity but no information given.

### **Interventions**

Randomised to either single dose salbutamol 600 mcg or placebo via MDI with spacer before cycle ergometry

### **Outcome measures**

Exercise capacity (data not included in analysis) Changes in spirometry (FEV1 and maximal exercise)

### **Main results**

Ventilatory limitation to exercise was demonstrated in 16 subjects (80%). Significant bronchodilation occurred with exercise alone (end-exercise FEV(1), 2.24 +/- 0.8 L; vs preexercise FEV(1), 2.09 +/- 0.77 L; p

### **Authors' conclusions**

Despite causing significant acute bronchodilation, inhaled albuterol did not improve maximal exercise performance in ventilatory-limited CF adults, adding to the body of literature that fails to show any clinical benefit of SABetaAs in CF subjects. The current results provide further evidence to question the widespread use of these agents, although the potential for adrenergic beta-agonists to instead improve submaximal exercise performance merits further investigation.

<http://dx.doi.org/10.1002/ppul.10442>

### **See also**

Pediatr Pulmonol. 2004 Apr;37(4):305-10.

### **Keywords**

Adult; Albuterol; Artificial Ventilation; Bronchodilator Agents; exercise; Inhalation OR nebulised; non pharmacological intervention - devices OR physiotherapy; pharmacological\_intervention; Ventilators; Salbutamol; Adrenergic beta-Agonists; Respiratory System Agents;