primary studies - published RCT

Evaluation of nebulised hypertonic saline (7%) as an adjunct to physiotherapy in patients with stable bronchiectasis.

Code: PM15672845 **Year:** 2005 **Date:** 2005 **Author:** Kellett, F

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.

See also

Respir Med. 2005 Jan;99(1):27-31.

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;