

primary studies - published RCT

## Bronchial constriction and inhaled colistin in cystic fibrosis.

Code: PM15705991

Year: 2005 Date: 2009

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

multicenter, randomized crossover study

### Participants

Patients with chronic *Pseudomonas aeruginosa* colonization. 69 of the 70 patients enrolled in the study received at least one course of antibiotic treatment

### Interventions

patients received two successive courses of intravenous tobramycin and ceftazidime (200 mg/kg of body weight/day) for pulmonary exacerbation administered as thrice-daily short infusions or as a continuous infusion.

### Outcome measures

The primary endpoint was the variation in the forced expiratory volume in 1 s (FEV1) during the course of antibiotic treatment

### Main results

The improvement in FEV1 at the end of therapy was not statistically different between the two treatment procedures (+7.6% after continuous infusion and +5.5% after short infusions) but was better after continuous ceftazidime treatment in patients harboring resistant isolates (P

### Authors' conclusions

the continuous infusion of ceftazidime did not increase its toxicity and appeared to be as efficient as short infusions in patients with cystic fibrosis as a whole, but it gave better results in patients harboring resistant isolates of *P. aeruginosa*.

<http://dx.doi.org/10.1378/chest.127.2.522>

### See also

Chest. 2005 Feb;127(2):522-9.

### Keywords

Adolescent; Adult; Anti-Bacterial Agents; Ceftazidime; Continuous; Drug Administration Schedule; Intermittent; pharmacological\_intervention; Intravenous; Bacterial Infections; Respiratory Tract Infections; Respiratory Tract Diseases; Infection; Exacerbation; *Pseudomonas aeruginosa*; *Pseudomonas*; Tobramycin; Cephalosporins; Aminoglycosides;