primary studies - published RCT

Combination antibiotic susceptibility testing to treat exacerbations of cystic fibrosis associated with multiresistant bacteria: a randomised, double-blind, controlled clinical trial.

Code: PM16084254 **Year:** 2005 **Date:** 2009 **Author:** Aaron SD

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

randomized, open-label, multicentre, two-period, crossover study

Participants

patients (n=25) with CF and chronic pulmonary pseudomonal infection

Interventions

Tobramycin 300 mg twice a day for 15 days via: 1. Pari LC plus® with compressor (conventional); 2. Pari eFlow rapid® (vibrating mesh).

Outcome measures

Adherence. Nebulisation time. Sputum tobramycin level. Serum tobramycin level. Adverse events. FEV1.

Main results

Nebulization times were significantly shorter for eFlow rapid versus LC PLUS on Day 1 (least squares mean estimate of the difference -10.5 min, 95% confidence intervals [CI] -12.6, -8.3, p

Authors' conclusions

Use of the eFlow rapid nebulizer reduced TSI nebulization time. The systemic exposure to tobramycin appeared to be broadly similar in this exploratory study.

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See also

Lancet. 2005 Aug 6-12;366(9484):463-71.

Keywords

Anti-Bacterial Agents; Bacterial Infections; Infection; Inhalation OR nebulised; pharmacological_intervention; Pseudomonas aeruginosa; Pseudomonas; Respiratory Tract Diseases; Respiratory Tract Infections; Tobramycin; non pharmacological intervention - devices OR physiotherapy; Aminoglycosides;