

primary studies - published RCT

An interactive computer program can effectively educate potential users of cystic fibrosis carrier tests.

Code: PM21416590

Year: 2011 **Date:** 2015

Author: Castellani C

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

multicenter randomized, double-blind controlled trial

Participants

CF patients with chronic *P. aeruginosa* infection.

Interventions

14 days of intravenous antibiotic treatment for pulmonary exacerbations chosen based on conventional vs. biofilm antimicrobial susceptibility results

Outcome measures

efficacy of antibiotic treatment for pulmonary exacerbations.

Main results

There were 74 exacerbations in 39 patients. A total of 46% (12/26) exacerbations in the conventional group compared to 40% (19/48) exacerbations in the biofilm group achieved a > 3 log drop in *P. aeruginosa* sputum density (difference - 0.03, 95% CI - 0.5 to 0.4, $p = 0.9$). Lung function improvements were similar in both groups.

Authors' conclusions

Biofilm antimicrobial susceptibility testing did not lead to improved microbiological or clinical outcomes compared to conventional methods in the treatment of pulmonary exacerbations in CF patients with chronic *P. aeruginosa*.

<http://dx.doi.org/10.1002/ajmg.a.33870>

See also

Am J Med Genet A. 2011 Apr;155A(4):778-85. doi: 10.1002/ajmg.a.33870. Epub 2011 Mar 17.

Keywords

Anti-Bacterial Agents; pharmacological_intervention; Respiratory Tract Infections; Respiratory Tract Diseases; Infection; Bacterial Infections; Exacerbation; *Pseudomonas aeruginosa*; *Pseudomonas*; non pharmacological intervention - diagn;