primary studies - published RCT

Effect of bronchoalveolar lavage-directed therapy on Pseudomonas aeruginosa infection and structural lung injury in children with cystic fibrosis: a randomized trial.

Code: PM21750293 **Year:** 2011 **Date:** 2014 **Author:** Wainwright CE

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

Randomized controlled trial

Participants

Infants diagnosed with CF after newborn screening

Interventions

Infants assigned to receive either BAL-directed or standard therapy until they reached 5 years of age.

Outcome measures

Costs were assessed. A health care funder perspective was adopted. Resource use measurement was based on standardized data collection forms administered for patients across all sites. Unit costs were obtained primarily from government schedules.

Main results

Mean costs per child during the study period were Australian dollars (AUD)92 860 in BAL-directed therapy group and AUD90 958 in standard therapy group (mean difference AUD1902, 95% CI AUD-27 782 to 31 586, P = .90). Mean hospital costs per child during the study period were AUD57 302 in the BAL-directed therapy group and AUD66 590 in the standard therapy group (mean difference AUD-9288; 95% CI AUD-35 252 to 16 676, P = .48).

Authors' conclusions

BAL-directed therapy did not result in either lower mean hospital admission costs or mean costs overall compared with managing patients with CF by a standard protocol based upon clinical features and oropharyngeal culture results alone. Following on our previous findings that BAL-directed treatment offers no clinical advantage over standard therapy at age 5 years, flexible bronchoscopy with BAL cannot be recommended for the routine management of preschool children with CF on the basis of overall cost savings.

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See also

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Keywords

BAL; Anti-Bacterial Agents; Bacterial Infections; Infection; pharmacological_intervention; Respiratory Tract Diseases; Respiratory Tract Infections; Bronchoalveolar Lavage; Infant; Newborn; Child; Biomarker; non pharmacological intervention - diagn;