primary studies - published RCT

Acute and long-term amiloride inhalation in cystic fibrosis lung disease. A rational approach to cystic fibrosis therapy.

Code: PM2310093 **Year:** 1990 **Date:** 1995 **Author:** App EM

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

Randomised controlled trial. Parallel design.

Participants

20 participants, of which 16 completed. Ages: 5-24 years. CCPT: Mean (range) 10 years (5-18 years); IPV: 12 years (5-24 years).

Interventions

CCPT versus IPV.

Outcome measures

FVC, FEV1, FEF25-75, BMI, patient log/preference, hospital admissions, intravenous antibiotic courses

Main results

No significant differences in spirometric measures, numbers of hospitalizations, use of oral or IV antibiotics, or anthropometric measurements were detected between the standard aerosol/chest physiotherapy group and the IPV group over the duration of the trial. Patient acceptance, as determined by participant survey, was good. The device appeared to be safe and durable.

Authors' conclusions

the IPV is as effective as standard aerosol and chest physiotherapy in preserving lung function and anthropometric measures, and there was no difference in the use of antibiotics and hospitalizations.

http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/139/CN-00066139/frame.html

See also

Am Rev Respir Dis. 1990 Mar;141(3):605-12.

Keywords

Adolescent; Adult; Airway clearance technique; Artificial Ventilation; Child; Cromolyn Sodium; Drainage; Inhalation OR nebulised; Intrapulmonary; non pharmacological intervention - devices OR physiotherapy; Percussion; pharmacological_intervention; Postural Drainage; Ventilators; Ventilators- Mechanical; Adrenergic beta-Agonists; Respiratory System Agents; Chest physiotherapy; Intrapulmonary Percussive Ventilation; oscillating devices;