*primary studies - published RCT*

# Ciprofloxacin during upper respiratory tract infections to reduce Pseudomonas aeruginosa infection in paediatric cystic fibrosis: a pilot study.

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

Multi-center, randomized, placebo-controlled, double-blind, Phase II clinical trial

### Participants

58 Patients with CF between the ages of 2-10 years. Patients received reduced glutathione or placebo orally daily for 24 weeks.

### Interventions

Glutathione or placebo orally daily for 24 weeks.

### Outcome measures

The primary endpoint was the difference in change in weight-for-age z-scores from baseline through week 24 between treatment groups. Secondary endpoints included other anthropometrics, serum and fecal inflammatory markers in addition to other clinical outcomes.

### Main results

No significant differences were seen between glutathione (nâ€Š=â€Š30) and placebo (nâ€Š=â€Š28) groups in the 6 month change in weight-for-age z-score (-0.08; 95% CI: -0.22, 0.06; pâ€Š=â€Š0.25); absolute change in weight (kg) (-0.18; 95% CI: -0.55, 0.20; pâ€Š=â€Š0.35); or absolute change in BMI kg/m (-0.06; 95% CI: -0.37, 0.25; pâ€Š=â€Š0.69). There were no significant differences in other secondary endpoints. Overall, glutathione was safe and well tolerated.

### Authors' conclusions

Oral glutathione supplementation did not impact growth or change serum or fecal inflammatory markers in pancreatic insufficient children with CF when compared to placebo.

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### See also

Ther Adv Respir Dis. 2015 Dec;9(6):272-80. doi: 10.1177/1753465815601571. Epub 2015 Sep 4.

### Keywords

Oral; Glutathione; thiols; Antioxidants; pharmacological_intervention;