

primary studies - published RCT

## The role of small intestinal bacterial overgrowth in cystic fibrosis: a randomized case-controlled clinical trial with rifaximin.

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

Randomized controlled trial

### Participants

79 CF patients (median age 19.6 years; 9.2-36.9) with a positive Glucose Breath Test (GBT)

### Interventions

Rifaximin 1200 mg for 14 days or no treatment.

### Outcome measures

Questionnaire and GBT were repeated 1 month after the end of treatment or 45 days after the first negative GBT. BMI, SDS-BMI, serum albumin levels (p

### Main results

Out of 79 patients, 25 were affected by SIBO (31.6%) with a significant correlation with lower BMI, SDS-BMI ( $p < 0.05$ ) and serum albumin levels ( $p < 0.05$ ), independently from pancreas insufficiency. Twenty-three patients took part in the randomized trial, 13 patients (56.5%) in rifaximin group and 10 patients (43.5%) in control group. Eradication rate of SIBO was 9/10 (90%) in rifaximin group and 2/6 (33.3%) in control group ( $p < 0.05$ ). In the rifaximin group, gastrointestinal symptom improvement was observed in 4/5 patients aged  $\leq 14$  years and in 0/5 patients aged  $> 14$  years ( $p$

### Authors' conclusions

CF patients show a high prevalence of SIBO, related to a poorer nutritional status. Rifaximin therapy is well tolerated and the results are promising in terms of efficacy in eradicating small intestinal bacterial overgrowth in CF.

<http://dx.doi.org/10.1007/s00535-018-1509-4>

### See also

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### Keywords

Rifaximin; other anti-bacterial agents; Anti-Bacterial Agents; pharmacological\_intervention;