

primary studies - published RCT

Intravenous administration of antibiotics at home in patients with cystic fibrosis improves quality of life.

Code: PM3283482

Year: 1988 **Date:** 1994

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

Randomised 4-way cross-over design

Participants

n = 12 Males = 5 Females = 7. Mean age 29.9 years, range 16 years to 46 years (SD 9.4 years)

Interventions

Mannitol 300 mg (encapsulated dry powder) Pre-treated with terbutaline 1000 mcg (turbulhaler) HS 6% 7 ml IS (0.9%)+ matched voluntary cough Empty capsules with matched voluntary coughs All given as a single dose

Outcome measures

Sputum isotope % clearance at 30 minutes Sputum isotope clearance at 90 minutes* Mucociliary clearance*

Main results

Eight patients did not complete the study for diverse reasons. Fifteen of 17 patients taking placebo had decreased respiratory function status by the end of the study while 9 of 16 patients under piroxicam treatment retained their baseline values or improved their respiratory status. Piroxicam- treated patients required less hospitalization (192 d) than those receiving placebo (301 d).

Authors' conclusions

A long-term, large scale study would now be required to confirm the results of this preliminary investigation and to establish the significance of anti-inflammatory treatment with cyclooxygenase inhibitors to prevent lung tissue damage in patients with chronic obstructive pulmonary disease and Gram-negative pulmonary infection.

<http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/458/CN-00053458/frame.html>

See also

Lakartidningen. 1988 May 4;85(18):1614-7.

Keywords

Adolescent; Adult; Anti-Inflammatory Agents; Bacterial Infections; Child; Infection; pharmacological_intervention; Piroxicam; Pneumonia; Pseudomonas aeruginosa; Pseudomonas; Respiratory Tract Infections; Capsules; Powders; Mannitol; Airway clearance drugs -expectorants- mucolytic- mucociliary-; Respiratory System Agents; Anti-Inflammatory Agents - excl Steroids; Respiratory Tract Diseases;