primary studies - published, non RCT

Prospective controlled study of home and hospital therapy of cystic fibrosis pulmonary disease.

Code: PM3298594 **Year:** 1987 **Date:** 1987 **Author:** Donati MA

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

controlled prospective study. Home and hospital patients were matched according to sex, age, pulmonary function tests, and arterial blood gas values.

Participants

patients with exacerbations of pulmonary disease caused by cystic fibrosis. A total of 41 home and 41 hospital treatments were analyzed.

Interventions

home and hospital treatment

Outcome measures

efficacy and benefits

Main results

Both home and hospital treatments resulted in statistically significant improvement in pulmonary function. A comparison of these values did not show any statistically significant difference between groups at admission or discharge. Furthermore, the mean number of treatment days for both groups, individually determined by the primary physician, was equivalent (home 17.7 +/- 1.1 days, hospital 18.1 +/- 4.1). The mean charge for a home treatment was approximately $10,000, and for a hospital treatment $18,000. Sixty-five percent of home care patients and 68% of hospital patients required retreatment for pulmonary exacerbations within the study period; the interval between pulmonary exacerbations for the two groups was not significantly different. In addition, 85% of patients receiving treatment at home were able to maintain at least some of their school or work activities.

Authors' conclusions

These data indicate that home therapy for cystic fibrosis patients with pulmonary exacerbations is less costly and is as effective as in-hospital therapy.

http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/721/CN-00048721/frame.html

See also

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Keywords

Adolescent; Adult; Aminoglycosides; Anti-Bacterial Agents; Child; Combined Modality Therapy; Home; Home Care Services; Hospitalization; Hospital care; non pharmacological intervention - psyco-soc-edu-org; pharmacological_intervention; Bacterial Infections; Respiratory Tract Infections; Respiratory Tract Diseases; Infection; Exacerbation; Organization;