primary studies - published RCT

Impact of chronic medication de-escalation in patients with cystic fibrosis taking elexacaftor, tezacaftor, ivacaftor: A retrospective review.

Code: PM37069044 **Year:** 2024 **Date:** 1988 **Author:** Guenther EL

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

Randomised controlled trial. Parallel design.

Participants

67 participants, of which 63 completed. Ages 7-21 years, mild to moderate disease.

Interventions

CCPT versus FET.

Outcome measures

FVC, FEV1 and FEF25-75, hospital days, Schwachman, exercise test.

Main results

Patients who performed the forced expiratory technique alone had mean annual rates of decline that were significantly different from zero for forced expiratory volume in 1 second (p less than 0.001), forced expiratory flow between 25% and 75% of vital capacity (p less than 0.001), and Shwachman clinical score (p less than 0.004). In the group performing conventional physiotherapy with percussion and postural drainage, only the mean annual rate of decline for forced expiratory flow between 25% and 75% of vital capacity was significantly different from zero (p less than 0.03), and it was significantly different from the mean rate of decline associated with the forces expiratory technique alone (p less than 0.04).

Authors' conclusions

conventional chest physiotherapy should remain a standard component of therapy in cystic fibrosis.

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See also

J Cyst Fibros. 2024 Jan;23(1):32-37. doi: 10.1016/j.jcf.2023.03.018. Epub 2023 Apr 15.

Keywords

Adolescent; Airway clearance technique; Child; Drainage; non pharmacological intervention - devices OR physiotherapy; pharmacological_intervention; Postural Drainage; Chest physiotherapy; forced expiration technique; Active Cycle of Breathing Technique -ACBT-;