primary studies - published RCT

Antibiotic prophylaxis in cystic fibrosis: inhaled cephaloridine as an adjunct to oral cloxacillin.

Code: PM6981695 **Year:** 1982 **Date:** 1982 **Author:** Nolan G

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

Randomised trial; participants randomised to continue or stop inhaled antibiotic. Parallel group. Usual treatment control. No blinding. Duration 2 years.

Participants

49 participants with CF, FEV1 >40% predicted ('mild to moderately affected'). Male 24, female 25. Age 7 years or older, mean age about 13 years.

Interventions

Inhaled cephaloridine, 500 mg twice or 3-times daily or no inhaled antibiotic.

Outcome measures

FEV1 and FVC, exacerbation of respiratory infection, nutrition, survival, sputum culture, adverse effects.

Main results

There were no significant differences between the two groups in incidence of respiratory tract infections or hospital admissions, clinical scores, radiologic scores, or rate of change of pulmonary function.

Authors' conclusions

Although continuous antistaphylococcal antibiotic prophylaxis may be successful in suppressing colonization with S. aureus, it may also contribute to the high rates of carriage of Ps. aeruginosa and Ps. cepacia observed in patients with cystic fibrosis.

http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/919/CN-00028919/frame.html

See also

The Journal of pediatrics YR: 1982 VL: 101 NO: 4

Keywords

Adolescent; Anti-Bacterial Agents; Bacterial Infections; Cephaloridine; Child; Cloxacillin; Haemophilus influenzae; Infection; Inhalation OR nebulised; Oral; pharmacological_intervention; Pseudomonas aeruginosa; Pseudomonas; Respiratory Tract Diseases; Respiratory Tract Infections; Staphylococcus aureus; Cephalosporins; Penicillins;