

primary studies - published RCT

No added benefit from nebulized amiloride in patients with cystic fibrosis.

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

placebo-controlled, parallel, double-blind single center trial

Participants

55 patients entered the study, with a mean age of 20 yr and a mean FEV1 of 63% of predicted.

Interventions

Active treatment consisted of budesonide dry powder, 800 microg twice daily, delivered from a Turbuhaler. The study period covered two successive 3-mo intervals between elective courses of intravenous anti-Pseudomonas antibiotics.

Outcome measures

pulmonary function and histamine reactivity

Main results

Analysis of all patients entered, irrespective of trial adherence ("intention to treat"), showed a decrease in FEV1 in the first period of -0.032 L in patients on budesonide versus -0.187 L in patients on placebo ($p = 0.08$). The corresponding figures for the patients adhering to the protocol during the first period were -0.017 L versus -0.198 L (p

Authors' conclusions

inhaled glucocorticosteroids can be of short-term benefit in patients with CF and chronic P.a. infection and that those patients most likely to benefit from this treatment are patients with hyperreactive airways. Prolonged studies in larger number of patients are necessary to determine the long-term efficacy of this treatment.

<http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/395/CN-00098395/frame.html>

See also

Eur Respir J. 1993 Oct;6(9):1243-8.

Keywords

Anti-Bacterial Agents; Anti-Inflammatory Agents; Bacterial Infections; Budesonide; Child; Infection; Inhalation OR nebulised; pharmacological_intervention; Pneumonia; Pseudomonas aeruginosa; Pseudomonas; Respiratory Tract Diseases; Respiratory Tract Infections; Steroids; Intravenous; Powders;