primary studies - published RCT

Low-dose versus high-dose ursodeoxycholic acid in cystic fibrosis-related cholestatic liver disease. Results of a randomized study with 1-year follow-up.

Code: PM9140160 **Year:** 1997 **Date:** 1997 **Author:** van de Meeberg PC

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

RCT

Participants

30 CF patients (age > 5 years) with biochemical cholestasis and compensated liver disease. Baseline clinical variables were comparable. low-dose (n = 17) or high-dose (n = 13) UDCA.

Interventions

low-dose (10 mg/kg/day) and high-dose (20 mg/kg/day) UDCA treatment for 3 and 12 months.

Outcome measures

liver biochemistry

Main results

After 1 year one patient had died of liver failure (low dose), and three had dropped out because of pruritus (one in each group) or personal choice (low dose). In the high-dose group improvement in gamma-glutamyl transferase values was more pronounced after 3 months and 1 year (P

Authors' conclusions

High-dose UDCA induces a better response of liver biochemistry values than low-dose UDCA in CF patients with cholestatic liver disease.

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See also

Scand J Gastroenterol. 1997 Apr;32(4):369-73.

Keywords

Adolescent; Adult; Child; Cholagogues and Choleretics; Cholestasis; Gastrointestinal Diseases; High-Dose; Liver Diseases; Low-Dose; pharmacological_intervention; UDCA; Gastrointestinal Agents;