Table 33:
 Clinical evidence profile: Comparison 4. Combination IV antibiotics versus combination IV antibiotics for pulmonary exacerbations with P aeruginosa

Quality assessment						No of patients		Effect				
No of studies	Desig n	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	Combinati on IV AB	comb inatio n IV AB	Relati ve (95% Cl)	Absolut e	Quali ty	Importance
Eradicatio	on of path	ogen (fol	low-up 2 weeks	s) [aztreonam	+ amikacin	versus ceftazid	lime + amikaci	n]				
1(Schaad 1989)	rando mised trials	serious 1	no serious inconsistenc y	no serious indirectnes s	very serious <sup>2</sup>	none	17/28ª (60.7%)	16/28ª (57.1 %)	RR 1.06 (0.69	34 more per 1000 (from	VER Y LOW	CRITICAL

© NICE 2017. All rights reserved. Subject to Notice of rights.

Quality assessment						No of patients		Effect				
No of studies	Desig n	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	Combinati on IV AB	comb inatio n IV AB	Relati ve (95% Cl)	Absolut e	Quali ty	Importance
									to 1.65)	177 fewer to 371 more)	-	
<sup>-</sup> EV₁ % pı	redicted (	absolute	change) (follov	v-up 2 weeks	; Better indic	ated by lower v	alues) [aztreo	nam + ve	ersus cef	tazidime +	amikaci	in]
1 Schaad (1989)	rando mised trials	serious 1	no serious inconsistenc y	no serious indirectnes s	serious <sup>3</sup>	none	24 <sup>a</sup>	25ª	-	MD 4 higher (0.25 lower to 8.25 higher)	LOW	CRITICAL
		absolute	change) (follov	v-up 2 - 4 wee	eks <sup>b</sup> ; Better i	ndicated by hig	her values) [n	neropene	m + tobr	amycin <i>vel</i>	rsus cef	tazidime +
tobramyc	in]											
1 (Blumer 2005)	rando mised trials	serious 4	no serious inconsistenc y	no serious indirectnes s	serious <sup>3</sup>	none	47	50	-	MD 2.7 higher (0.76 lower to 6.16 higher)	LOW	CRITICAL
		relative %	change) (follo	w-up 2-4 wee	eks <sup>b</sup> ; Better i	ndicated by hig	her values) [n	neropene	m + tobr	amycin <i>vel</i>	rsus cef	tazidime +
tobramyc												
1 (Blumer 2005)	rando mised trials	serious 4	no serious inconsistenc y	no serious indirectnes s	very serious⁵	none	47	50	-	MD 9.4 higher (8.44 lower to 27.24 higher)	VER Y LOW	CRITICAL

 $\ensuremath{\textcircled{\sc online \sc on$ 

Quality assessment							No of patients		Effect			
No of studies	Desig n	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	Combinati on IV AB	comb inatio n IV AB	Relati ve (95% Cl)	Absolut e	Quali ty	Importance
1 (Schaad 1989)	rando mised trials	serious 1	no serious inconsistenc y	no serious indirectnes s	very serious <sup>6</sup>	none	0/28a (0%)	2/28a (7.1% )	RR 0.2 (0.01 to 3.99)	57 fewer per 1000 (from 71 fewer to 214 more)	VER Y LOW	IMPORTAN T
Adverse e	ffects - L	iver trans	aminases - AS	T & ALT (foll	ow-up 2 wee	ks) [aztreonam	+ amikacin ve	rsus ceft	azidime ·	+ amikacin	]	
1 (Schaad 1989)	rando mised trials	serious 1	no serious inconsistenc y	no serious indirectnes s	very serious <sup>6</sup>	none	4/28 (14.3%)	2/28 (7.1% )	RR 2 (0.4 to 10.05)	71 more per 1000 (from 43 fewer to 646 more)	VER Y LOW	IMPORTAN T
Adverse e	ffects - T	hromboc	ytopenia (follow	w-up 2 weeks	) [aztreonan	n + amikacin ve	rsus ceftazidir	ne + ami	kacin]			
1 (Schaad 1989)	rando mised trials	serious 1	no serious inconsistenc y	no serious indirectnes s	very serious <sup>6</sup>	none	3/28 (10.7%)	0/28 (0%)	RR 7 (0.38 to 129.55	-	VER Y LOW	IMPORTAN T

Abbreviations: AST: aminotransferase, ALT: alanine aminotransferase; CI: confidence interval; FEV1: forced expiratory volume in 1 second; IV: intravenous; MD: mean difference; RR: risk ratio

a total of 56 treatment courses were randomised, N=42 participants

b 2 to 4 weeks after discontinuation of 2 week course.

1 The quality of the evidence was downgraded by 1 due to attrition bias (clinical outcomes available for only around 50% of participants).

2 The quality of the evidence was downgraded by 2, as the 95% CI crossed the null effect and the CI was very wide

3 The quality of the evidence was downgraded by 1 as 95% CI crossed 1 clinical MID.

4 The quality of the evidence was downgraded by 1 due to attrition bias (some data missing).

5 The quality of the evidence was downgraded by 2 as 95% CI crossed 2 clinical MIDs.

6 The quality of the evidence was downgraded by 2 as 95% CI crossed 2 default MIDs.