Table 34: Clinical evidence profile: Comparison 5. Combination of 2 IV antibiotics + inhaled antibiotic *versus* 2 IV antibiotics without inhaled antibiotic for pulmonary exacerbations with *P aeruginosa*

Quality assessment							No of patients		Effect			
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**2 IV antibiotic + inhaled antibiotic**	**2 IV without inhaled antibiotic**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Eradication of *P aeruginosa* - (follow-up 15 days) [IV ceftazidime + IV amikacin + inhaled amikacin versusversus IV ceftazidime + IV amikacin]												
1(Schaad 1987)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30/40 (75%)	18/44 (40.9 %)	RR 1.83 (1.23 to 2.73)	340 more per 1000 (from 94 more to 708 more)	MODERATE	CRITICAL
Adverse effects: raised liver transaminases (follow-up: 4 to 6 weeks) [IV ceftazidime + IV amikacin + inhaled amikacin versusversus IV ceftazidime + IV amikacin]												
1 (Schaad 1987)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	very serious[2]	none	5/30 (16.7%)	6/24 (25%)	RR 0.67 (0.23 to 1.92)	82 fewer per 1000 (from 192 fewer to 230 more) 82 fewer per 1000 (from 192 fewer to 230 more)	VERY LOW	IMPORTANT

Abbreviations: CI: confidence interval; IV: intravenous; RR: risk ratio
1 The quality of the evidence was downgraded by 1 as 18 participants were recruited twice and 6 participants enrolled 3 times.

2 The quality of the evidence was downgraded by 2 due to serious imprecision as 95% CI crossed 2 default MIDs.