

## Treatment of Pseudomonas aeruginosa (PA) infection in CF patients

SWGCF protocol – 30.06.2009

### I. Treatment protocol<sup>1-5</sup>

#### < 2 year-old child

- First manifestation: intravenous antibiotic therapy for 2 weeks, followed by one cycle of inhalative antibiotics combined with oral ciproxin
- In case of treatment failure: 3 months of inhaled antibiotics combined with oral ciproxin; consider intravenous antibiotic therapy

#### > 2 year-old child with pulmonary exacerbation

- The same as above

#### > 2 year-old child without pulmonary exacerbation

- First manifestation: one cycle of inhalative antibiotics combined with oral ciproxin
- In case of treatment failure: 3 months of inhaled antibiotics combined with oral ciproxin; consider intravenous antibiotic therapy

#### **Chronic PA colonisation (until 1 year PA-negative)**

- Stable clinical status: **on/off** therapy with inhalative antibiotics (1 month „on“, 1 month “off”)
- Worsening clinical status: **non-stop** therapy (1 month inhalative antibiotic followed by 1 month other inhalative antibiotic or 1 month inhalative antibiotic followed by 1 month oral ciproxin); consider intravenous antibiotic therapy

### II. Antibiotics<sup>6-9</sup>

#### Doses of commonly used intravenous antibiotics against PA

Ceftazidime : 50-75 mg/kg q6h (max daily dose 12g)  
Amikacin: 22-36 mg/kg q24h (max daily dose 1.5g)  
Tobramycin: 7-10 mg/kg q24h (max daily dose 600mg)  
Aztreonam: 50-75 mg/kg q6h (max daily dose 12g)  
Meropenem: 60-120 mg/kg q8h (max daily dose 6g)  
Piperacillin/Tazobactam: 75-100 mg/kg q8h (max daily dose 18g)

#### Doses of commonly used inhalative antibiotics against PA

Tobramycin (TOBI, Bramitop): 300 mg bd (licensed >6 years only)  
Tobramycin iv solution (Obracin): 80mg bd (not licensed)  
Colistin: 1 mio U bd (licensed >12 years only)

#### Doses of commonly used oral antibiotics against PA

Ciproxin: 15-20 mg/kg bd (max daily dose 1.5g)

### III. Efficacy control<sup>6</sup>

- Sputum or oropharyngeal swab 2 weeks after end of treatment, then at least 3-monthly
- Eradication achieved: repeated negative cultures (at least three) within a 6-month period

### IV. Literature

1. Hansen CR, Pressler T, Hoiby N. Early aggressive eradication therapy for intermittent *Pseudomonas aeruginosa* airway colonization in cystic fibrosis patients: 15 years experience. *J Cyst Fibros.* 2008;7:523-530.
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3. Ho SA, Lee TW, Denton M, Conway SP, Brownlee KG. Regimens for eradicating early *Pseudomonas aeruginosa* infection in children do not promote antibiotic resistance in this organism. *J Cyst Fibros.* 2009;8:43-46.
4. Wood DM, Smyth AR. Antibiotic strategies for eradicating *Pseudomonas aeruginosa* in people with cystic fibrosis. *Cochrane Database Syst Rev.* 2006:CD004197.
5. Ratjen F. Treatment of early *Pseudomonas aeruginosa* infection in patients with cystic fibrosis. *Curr Opin Pulm Med.* 2006;12:428-432.
6. Doring G, Hoiby N. Early intervention and prevention of lung disease in cystic fibrosis: a European consensus. *J Cyst Fibros.* 2004;3:67-91.
7. Gibson RL, Burns JL, Ramsey BW. Pathophysiology and management of pulmonary infections in cystic fibrosis. *Am J Respir Crit Care Med.* 2003;168:918-951.
8. Doring G, Conway SP, Heijerman HG, et al. Antibiotic therapy against *Pseudomonas aeruginosa* in cystic fibrosis: a European consensus. *Eur Respir J.* 2000;16:749-767.
9. Smyth A, Elborn JS. Exacerbations in cystic fibrosis: 3--Management. *Thorax.* 2008;63:180-184.