

New treatment offers hope to patients with chronic lung disorder bronchiectasis

16 August 2012

Researchers have identified a promising new treatment for non-cystic fibrosis bronchiectasis, a long-term lung disorder which causes persistent coughing and breathlessness. The results, published in the *Lancet*, could represent an important advance in the treatment of this debilitating disease, for which very few evidence-based treatments are currently available.

The prevalence of bronchiectasis worldwide is unknown, although improved [screening methods](#) suggest that diagnosis of the disease is likely to increase in the future. The illness occurs when the airways in the lungs become abnormally widened, and in the UK, it has been estimated to affect around 1 in every 1,000 adults, resulting in 9,000 [hospital admissions](#) a year.

The placebo-controlled study on 141 bronchiectasis patients in New Zealand investigated whether regular doses of [azithromycin](#), an antibiotic with anti-inflammatory effects, affected the frequency of exacerbations of the patients' illness. The researchers found that after 6 months, 42 exacerbations were recorded in the group treated with azithromycin, as opposed to 103 exacerbations in the placebo group, constituting a 62% relative reduction in the overall number of exacerbations for the patients who took azithromycin.

The antibiotic also appears to reduce the risk of developing an exacerbation, with only 31% of the patients in the azithromycin group reporting at least one exacerbation in the first six months of treatment, compared to 66% of patients in the [placebo group](#).

Dr Conroy Wong, of Auckland's Middlemore Hospital in New Zealand, and one of the study's authors, outlines the importance of the group's findings:

"Very few evidence-based treatments are available

for the prevention and management of bronchiectasis exacerbations, and more are urgently needed. Our results show that azithromycin treatment for six months decreases the frequency of [exacerbations](#) and increases the time to first exacerbation. These benefits seem to persist for six months after the treatment is completed, suggesting that azithromycin could offer a new treatment option for some patients with bronchiectasis."

In a linked Comment, Dr Robert Wilson and Professor Athol Wells of the Royal Brompton Hospital, London, highlight the underinvestment in research into this illness: "The difficulties of undertaking this study in a specialty that has not attracted major public health investment or proactive involvement by public health groups should not be underestimated."

However, Dr Wilson and Professor Wells also urges caution in how the results are used, pointing out that bacterial resistance to the class of [antibiotics](#) to which azithromycin belongs is on the increase, and further research is needed to determine which patients could benefit most from the treatment, adding that: "The prospective assessment of disease severity and the a-priori consideration of patterns of longitudinal disease behaviour could provide the best chance in future studies to identify patients with bronchiectasis with the most to gain from an intervention."

More information:

[www.thelancet.com/journals/lan ... \(12\)60953-2/abstract](http://www.thelancet.com/journals/lan... (12)60953-2/abstract)

Provided by Lancet

APA citation: New treatment offers hope to patients with chronic lung disorder bronchiectasis (2012, August 16) retrieved 1 May 2021 from <https://medicalxpress.com/news/2012-08-treatment-patients-chronic-lung-disorder.html>

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