9 (26%) patients experienced mild side effects. FEV1 improved significantly at 4 weeks (1.53 vs 1.41 p = 0.01). Leicester Cough Questionnaire improved significantly at 4 weeks (mean total score 13.7 vs 11.8 p = 0.0003) with a mean difference in LCQ of 1.9 (minimum clinically important difference MCID > 1.3). St George’s Respiratory Questionnaire improved significantly at 6 months (mean total score 56.1 vs 67.8 p = 0.01) with a mean difference of 11% (MCID > 4%).

Conclusions In this uncontrolled study, HTS was well tolerated and resulted in improved lung function and quality of life in patients with non-CF bronchiectasis.

REFERENCES
80 (32.9%) patients had had an adverse drug reaction to at least one antibiotic. 24 (9.8%) were allergic to penicillin and 50 (20.5%) were allergic to at least one antibiotic. 29 (11.9%) were intolerant of one or more oral antibiotics whereas 18 (7.4%) were intolerant of one or more nebulized antibiotics in this group.

Patients with resistant bacteria in their sputum showed a trend towards a greater likelihood of adverse reactions to antibiotics compared to patients with sensitive bacteria (31.5% vs 17.8% p Value - 0.05). On subgroup analysis we found that the difference became statistically significant between people infected with resistant versus sensitive Pseudomonas Aeruginosa (46.7% vs 42.1% p value=0.031).

Conclusions This is an interesting observation that patients whose sputum contained resistant organisms were more likely to have had adverse drug reactions to antibiotics. There is likely to be a causal relationship, and further study is required to identify whether the limited range of treatment options for patients with adverse drug reactions leads to a greater change of antibiotic resistance in colonising organisms in sputum. Antibiotic allergies may have a detrimental effect on the management of patients with Bronchiectasis and therefore a resource implication in the subgroup of patients with adverse drug reactions. Potentially there may be a cost-saving in investigating patient-reported allergies aggressively.

REFERENCE