





## Reducing *Pseudomonas* sputum density in bronchiectasis

Oriol Sibila

Affiliation: Respiratory Dept, Hospital Clinic, IDIBAPS, CIBERES, University of Barcelona, Barcelona, Spain.

Correspondence: Oriol Sibila, Hospital Clinic de Barcelona, Servei Pneumologia, c/ Villarroel 170, Barcelona, 08036, Spain. E-mail: osibila@clinic.cat

## @ERSpublications

Decreased airway bacterial load may have impact on clinical outcomes in bronchiectasis. The iBEST study demonstrates that tobramycin inhalation powder reduces *P. aeruginosa* sputum density in a dose-dependent manner in patients with bronchiectasis. https://bit.ly/3miO9fY

Cite this article as: Sibila O. Reducing *Pseudomonas* sputum density in bronchiectasis. *Eur Respir J* 2021; 57: 2003390 [https://doi.org/10.1183/13993003.03390-2020].

This single-page version can be shared freely online.

In patients with bronchiectasis, chronic infection by *Pseudomonas aeruginosa* is strongly associated with poor clinical outcomes, including more symptoms, worse quality of life, enhanced lung function decline, more frequent exacerbations and a three-fold increase in mortality [1, 2]. Therefore, treatment of chronic *P. aeruginosa* airway infection has long been regarded as a key priority in the management of bronchiectasis [3, 4]. To this end, a number of previous studies have used inhaled or nebulised antibiotics in these patients, but results are conflicting [5–9]. Most of these studies failed to reach their primary endpoints, although several potentially beneficial effects were observed. In fact, a recent meta-analysis showed that inhaled antibiotic treatment reduces exacerbation frequency in these patients [10] and, indeed, the current European Respiratory Society guidelines recommended long-term use of inhaled antibiotics in patients with chronic *P. aeruginosa* infection and frequent exacerbations [3]. Yet, many unanswered questions remain, including which is the best antibiotic agent, its dose and/or its method of administration, among others.