

Tx failure up for high-flow therapy versus CPAP in preemies

22 September 2016



researchers found that treatment failure occurred in 25.5 and 13.3 percent of patients in the high-flow therapy and CPAP groups, respectively (P

"When used as primary support for <u>preterm infants</u> with respiratory distress, high-flow therapy resulted in a significantly higher rate of <u>treatment failure</u> than did CPAP," the authors write.

One author disclosed financial ties to Fisher and Paykel Healthcare.

More information: <u>Abstract</u> <u>Full Text (subscription or payment may be required)</u>

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(HealthDay)—For preterm infants with early respiratory distress, high-flow therapy used as primary support is associated with a higher rate of treatment failure than continuous positive airway pressure (CPAP), according to a study published in the Sept. 22 issue the *New England Journal of Medicine*.

Calum T. Roberts, M.B., Ch.B., from the University of Melbourne in Australia, and colleagues conducted an international, multicenter, non-inferiority trial involving 564 preterm infants (gestational age ?28 weeks 0 days) with early respiratory distress who had not received surfactant replacement. Participants were randomized to nasal high-flow therapy or to nasal CPAP.

At the recommendation of the independent data and safety monitoring committee, trial recruitment was stopped early due to the significant betweengroup difference in the primary outcome (treatment failure within 72 hours after randomization). The



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