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Topic: 5. Microbiology / Antibiotics

Title: CFHealthHub: Using Leeds criteria and clinicians´ decision to determine the Pseudomonas status among the 64 adults with cystic fibrosis in the two centre CFHealthHub (CFHH) pilot study

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Text: Background

Determining P. aeruginosa (Psae) status accurately in a nebuliser adherence study is crucial because Psae status influences prescription of inhaled therapies and determines normative adherence (Hoo ZH, et al. Patient Prefer Adherence 2016;10:1-14).

Aim

To describe how Psae status was determined in the CFHH pilot

Methods

CFHH is a NIHR-funded programme comparing a complex intervention to support self-care & nebuliser adherence vs standard care among adults with CF. The pilot trial ran in Nottingham and Southampton.
Two data collection methods were used for Psae status:
(1) Microbiological data for 12 months pre-recruitment were recorded and the Leeds criteria (Lee TW et al. JCF 2003;2:29-34) applied
(2) Local Principal Investigators (LPI) independently decided on the Psae status
If LPI agreed with Leeds criteria or "over-estimate" Psae status in relation to Leeds criteria, LPI decision was accepted as the ´final´ Psae status. If Leeds criteria suggested intermittent Psae but LPI suggested no Psae, Leeds criteria is accepted. If Leeds criteria suggested chronic Psae but LPI disagreed, this was resolved between the Chief Investigator (CI) and LPI.

Results

63 (out of 64) participants have Psae results.

	Clinicians´ decision:		
Leeds criteria:	No Psae	Intermittent Psae	Chronic Psae
No Psae	22	1	2
Intermittent Psae	1	4	3
Chronic Psae	0	1	29

[Clinicians' decision vs Leeds criteria]

By resolving the differences between clinicians´ decision and Leeds criteria as described, 34 participants have chronic Psae, 7 have intermittent Psae and 22 have no Psae.
Only 1 participant required resolution of the ´final´ Psae status between CI and LPI.

Conclusion

Pragmatically determining Psae status by combining clinicians´ decision with Leeds criteria was easy to use and acceptable across two separate adult pilot centres, allowing Psae status to be determined for all participants with data.