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**Title:** Inhaled colistin in elderly patients with bronchiectasis and chronic bronchial infection with pseudomonas

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**Body:** Bronchiectasis is the end result of several different illnesses and a frequent cause of admission in hospitals for elderly people and chronic diseases. Although many guidelines recommend treatment with inhaled antibiotics in non cystic fibrosis (CF) bronchiectasis in chronic bronchial infection with pseudomonas aeruginosa, there is limited evidence for elderly patients Aims: To assess the effectiveness of inhaled colistin in elderly patients with non CF bronchiectasis and chronic bronchial pseudomonas infection Methods: Prospective, controlled, randomized and open. We included patients with HRCT diagnosed bronchiectasis, after an acute exacerbation admission and appropriate antimicrobial therapy. We collected data on demographics, clinical and functional characteristics, admissions and sputum microbiology. We followed the patients for one year, evaluating microbiological results, functional tests, readmissions and exitus. Results: We included 25 patients, 13 treated with inhaled colistin and 12 in control group. Four patients stopped the treatment because of adverse effects. Main results are shown in table 1

	Control n=12	Colistin n=13
AGE	76,2	75,6
CHARLSON	2,7	2,6
FEV1%	41,1%	41,6%
Persistence of pseudomonas	10	6 *
Change in FEV1	-1,2%	+5,6%
Hospital stay 1 year	16	28
Exitus 1 year	2	1

\* statistically significant

**Conclusions:** Significant more patients in the treatment group achieved Pseudomonas eradication, but we

could not demonstrate clinical or functional benefits in our elderly patients. These results may be due to small sample size. Side effects were frequent.