

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

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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 between-group difference in the primary outcome (treatment failure within 72 hours after randomization). The 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 [preterm infants](#) with respiratory distress, high-flow therapy resulted in a significantly higher rate of [treatment failure](#) than did CPAP," the authors write.

One author disclosed financial ties to Fisher and Paykel Healthcare.

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