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Real world studies in infrequently exacerbating patients with COPD

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Real world studies in infrequently exacerbating patients with COPD

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3 Real world studies in infrequently exacerbating patients with COPD
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22 Competing Interests: Dr Lipworth has either received research grants, participated in
23 advisory boards, acted as a speaker received support for equipment or to attend
24 educational meetings from Boehringer Ingelheim, AstraZeneca, Chiesi, Novartis,
25 GlaxoSmithKline, Sandoz, Cipla, Sanofi, Genentech, Mylan, Glenmark, Circassia,
26 ERT, Thorasys. Dr Lipworth's son works for AstraZeneca. Dr Kuo has acted as a
27 speaker for AstraZeneca, Pfizer, Bristol-Myers Squibb, and received support to
28 attend educational meetings from Circassia.
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3 The benefits of inhaled corticosteroids (ICS) as dual or triple combination therapy are
4 more pronounced in patients with the frequent exacerbating eosinophilic (FEE)
5 phenotype of COPD, corresponding to GOLD group D¹. The real life study of Suissa
6 et al² looked at a cohort of COPD patients in whom 82% had zero or one prior
7 exacerbations, corresponding to GOLD group B. In infrequently exacerbating
8 patients one might expect there to be little impact conferred by using an ICS in
9 combination with a long acting beta-agonist (LABA). In such patients using two long
10 acting bronchodilators as LABA along with long acting muscarinic antagonist (LAMA)
11 has not been shown to be superior to LAMA alone (as tiotropium) in reducing
12 exacerbations³. The low prevalence of patients with the FEE phenotype in the
13 dataset of Suissa et al would preclude any meaningful post hoc analysis to
14 investigate the putative benefits of ICS/LABA over LABA/LAMA.
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30 We believe a more worthwhile real life study might perhaps be to compare patients
31 taking LABA/LAMA versus ICS/LABA/LAMA, especially since randomised controlled
32 and real world trials have shown clear superiority of triple therapy compared to
33 ICS/LABA on exacerbations^{4,5}. An important point not considered by Suissa et al is
34 the impact of different inhaler types in each group, which in turn might exhibit
35 potential confounding effects on lung deposition and patient adherence. In this
36 regard prospective randomised controlled trials have demonstrated triple therapy to
37 be superior to LABA/LAMA when both are taken via the same single dry powder
38 inhalers⁵.
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51 We would therefore suggest extreme caution in extrapolating the findings of Suissa
52 et al to patients with the FEE phenotype of COPD, where ICS containing dual or
53 triple therapy is likely to be effective. Furthermore their findings of more pneumonias
54 with ICS/LABA is likely to be specific to fluticasone propionate due to its increased
55 lipophilicity and associated prolonged lung retention¹.
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