RESULTS OF AN OBSERVATIONAL STUDY IN 574 COMMUNITY PHARMACIES IN SPAIN CHARACTERIZING PATIENT PROFILES OF MEN ASKING FOR ERECTILE DYSFUNCTION MEDICATION

Methods: A total of 574 pharmacies recruited 1147 patients, whose average 58 years (range 28–91) for the Rx-group and 54.8 (range 21–88) years for the Non-Rx group (p < 0.001). There was no statistical difference between the groups regarding weight, BMI, known hypertension, diabetes mellitus, hypercholesterolemia, dyslipidemia, depression and stress. Median SHIM score was 13.9 (95% CI: 13.5–14.4) and 14.0 (95% CI: 13.6–14.4) for the Rx and the Non-Rx group, respectively (p = 0.7892). In the Non-Rx group, 85.1% of men asked for a PDES inhibitor and the remaining men asked for herbal remedies, food supplements or vitamins. Patients of both groups take about 25 months since the first symptoms until they present with a healthcare professional. Patients of the Rx group 60.2% stated that this visit in the pharmacy was the first time they had spoken with a Healthcare Professional about their erection problems. CONCLUSIONS: Men without a prescription for ED treatment have the same degree of ED and an equal co-morbidity profile as men who have a prescription for PDES inhibitor. Therefore, community pharmacies should be actively trained on this condition as they may play a relevant role by educating men about ED and encouraging them to seek further medical care, because ED might be a sign of underlying conditions.

A COMPARISON OF EFFICACY AND SAFETY OF FLUTICASONE WITH BUDESONIDE AND BECLOMETHASONE IN 1:2 DOSE RATIO IN THE TREATMENT OF BRONCHIAL ASTHMA

OBJECTIVES: This study compared efficacy and safety of fluticasone (FL) with budesonide (BUD) and beclomethasone (BDM) in 1:2 dose ratio in the treatment of bronchial asthma. METHODS: Comparison was based on randomized controlled trials (RCTs) identified by means of systematic review, carried out according to the Cochrane Collaboration guidelines and Agency for Technology Assessment in Poland. The most important medical databases (EMBASE, MEDLINE and CENTRAL) were searched. Two reviewers independently selected trials, assessed their quality and extracted data. Head-to-head comparisons were performed. RESULTS: The systematic search retrieved 15 RCTs for comparison FL vs. BUD and 18 RCTs for FL vs BDP, respectively. FL was significantly more effective than BUD in respect to the risk of asthma exacerbations (RR = 0.75 [0.59, 0.91]). Changes in the Lung Peak Expiratory Flow (PEF) (WMD = 8.02 L/min; 5.20; 10.83) and proportion of symptoms-free days (MD = 8.00 [2.00; 14.00]). Asthma Symptom Score (ASS) score didn’t differ between groups (WMD = -0.24 [-0.52; 0.03]). Safety analysis showed no difference in comparison with BUD. FL increases risk of nasal bleeding (RR = 1.97 [1.07; 3.62]) and rhinitis (RR = 1.90 [1.07; 3.36]) but the incidence of adverse events was comparable between those drugs. There was no statistically significant difference in risk of asthma exacerbations between FL and BDP (RR = 0.84 [0.61; 1.14]). FL was associated with better improvement than BDP in respect to morning PEF (WMD = 5.39 L/min [1.84; 9.34]), proportion of symptoms-free days (WMD = 6.43 [0.47; 12.19]) and statistically significant reduction in ASS score (WMD = -0.11 [-0.19; -0.03]). No significant differences in safety outcomes were found between FL and BDP. CONCLUSIONS: Fluticasone in comparison with budesonide and beclomethasone in dose ratios 1:2 provides improvement in spirometric parameters and in comparison to budesonide decreases risk of asthma exacerbations. Safety profiles of fluticasone seem to be comparable both with budesonide and beclomethasone.

SYSTEMATIC REVIEW OF THE EFFICACY AND SAFETY OF VARENICLINE FOR SMOKING CESSATION COMPARED WITH PLACEBO, NICOTINE REPLACEMENT THERAPY OR SUSTAINED-RELEASE BUPROPION

OBJECTIVES: The aim of this study was to compare efficacy and safety of varenicline compared with placebo, nicotine replacement therapy or sustained-release bupropion for smoking cessation in adults. METHODS: Systematic review of randomized controlled trials was performed to assess clinical effectiveness of varenicline according to guidelines of Cochrane Collaboration and HTA Agency in Poland. RESULTS: The clinical effectiveness analysis of varenicline compared with placebo for smoking cessation in adults showed statistically significant difference between groups in continuous abstinence. Abstinence rate for weeks 9 through 12, 9 through 24 and 9 through 52 was superior for varenicline vs placebo. The clinical effectiveness analysis of varenicline compared with budesonide in smoking adults in the context of maintaining their abstinence showed significantly greater continuous abstinence rate in weeks 13 to 24 compared with placebo. This advantage was maintained through the follow-up to week 52. The clinical effectiveness analysis of varenicline compared with NTZ was superior in continuous smoking abstinence rates. For weeks 9 through 12, the odds ratio was 1.869 (95% CI: 1.49; 2.33); for weeks 9–24 OR: 1.65 (95% CI: 1.29; 2.11); for weeks 9–52 OR: 1.59 (95% CI: 1.21; 2.10). CONCLUSIONS: The performed analysis shows that varenicline is effective therapy for smoking cessation. Varenicline was more efficacious than placebo, NTZ and bupropion SR at continuous smoking abstinence outcomes for the last 4 weeks of study, from weeks 9 through 24 and weeks 9 through 52. Varenicline more often than placebo, NTZ and bupropion SR causes nausea, insomnia, abnormal dreams and headache. Varenicline more effectively reduces urge to smoke, depressed mood, anxiety and smoking satisfaction.