Characteristics of COPD patients before first controller therapy from Hospital Italiano, Argentina

Rationale

Some chronic obstructive pulmonary disease (COPD) patients are not adequately controlled and are at risk of future exacerbations that could significantly deteriorate patient health. Identifying COPD patients most at risk is key to implementing an earlier and optimized treatment approach.

Objectives

• Describe the characteristics of COPD patients undergoing first COPD controller therapy
• Evaluate the first COPD controller treatment used in a health maintenance organization (HMO) in Buenos Aires, Argentina.

Methods

Study dates

Data sources

Study design

Study population

01 Jan 2007 – 31 Dec 2018
Electronic medical records
Retrospective cohort study
COPD patients Aged 35 years

Study start

Study end

Timeframe

Baseline: 1 year before index date
Follow-up: 2 years after index date

Index date

Data from first controller prescription (inhaled corticosteroid [ICS], long-acting β2-agonist [LABA], or long-acting muscarinic antagonist [LAMA], and combinations)

Figure 1. Proportion of patients with exacerbations at baseline (i.e., the 12 months prior to index date)

- No moderate or severe exacerbation (69.5%)
- Moderate exacerbation (21.0%)
- Severe exacerbation (12.9%)

Conclusions

The decrease in LABA as a first controller of COPD patients’ treatment through the triennium was linked to the launch of new controllers such as new ICS/LAMA, used as monotherapy or in combination with other drugs prescribed for COPD. Almost one third of COPD patients in this HMO experienced exacerbations, and were at high risk of future exacerbations, highlighting an addressable unmet need for treatment optimization.

Acknowledgements

Editorial support (in the form of writing assistance, including preparation of the draft poster under the direction and guidance of the authors, collecting and incorporating authors’ comments for each draft, assembling tables and figures, grammatical editing) for preparing this manuscript was provided by Troy Thomas, an Arcus Division of Spiritual Medical Communications Ltd, and was funded by GlaxoSmithKline (GSK).
This study was funded by GlaxoSmithKline (GSK study PRJ2763).

On behalf of all authors, and with their permission, this poster is presented by Jeronimo Espinosa, who did not receive any payment for this recording.

The authors declare the following real or perceived conflicts of interest in relation to this presentation:
- CS, JC, JE, RF and AR are GlaxoSmithKline employees and hold stocks; FM is a GlaxoSmithKline employee; GA and TN are complementary workers at GlaxoSmithKline.
- VB, PS, NS, GAB, GS, EW, WB, HT, NP are employees of Hospital Italiano de Buenos Aires, Buenos Aires; Hospital Italiano de Buenos Aires received funding from GlaxoSmithKline to conduct the study.

Editorial support (in the form of writing assistance, including preparation of the draft poster under the direction and guidance of the authors, collating and incorporating authors’ comments for each draft, assembling tables and figures, grammatical editing and referencing) was provided by Tony Reardon, at Aura (a division of Spirit Medical Communications Ltd), and was funded by GSK.