Chronic obstructive pulmonary disease (COPD) is primarily a disease of older adults, and its prevalence increases with age. While inhaled medications are the mainstay of COPD treatment, age-related differences in pharmacokinetic or pharmacodynamic profiles may lead to differences in safety profiles in older and younger individuals, further compounded by concomitant comorbidities and the potential for polypharmacy in older patients.

The Influblend Pathway of COPD Treatment (IMPACT) trial showed that single-inhaler triple therapy with furoate/umeclidinium/vilanterol (FF/UMEC/VI) results in a lower rate of moderate/severe exacerbations versus dual therapy with FF/VI or UMEC/VI, with a similar safety profile, in patients with symptomatic COPD and a history of exacerbations. On-treatment, pre-specified safety assessments of IMPACT trial data were evaluated by age.

Methods

- **Baseline characteristics by age group**
- **On-treatment AEAs**
- **On-treatment AEs**

Results

- **Incidence of on-treatment AEs**
- **Disclosures**

Conclusions

- **On-treatment AEs**
- **References**

On-treatment AEs

- Rates of pneumonia and CV effects AEs increased in the older age groups (65–74 and 75+ years) across all treatment arms (Table 2).

- Proportion of AEs were more common in the 11-microgram dose (ICI)-containing treatment arms (FF/UMEC/VI and FF/VI) than with UMEC/VI in all age categories; however, this difference did not increase with advancing age.

- Within each treatment group, there was no notable difference in the overall incidence of AEs by age.

- Pneumonia AEs rates were higher in the ICI-containing arms compared with UMEC/VI and increased with increasing age, as would be anticipated.

- The safety profile of FF/UMEC/VI was as expected for patients with COPD and increasing age, and consistent with the extensive safety database of the component compounds.

References

- **COPD.**
- **Disclosures**

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