Controller therapy evaluation among COPD patients from Hospital Italiano, Argentina

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Background
COPD guidelines advocate use of one or more bronchodilators or inhaled corticosteroids combined with bronchodilators to reduce symptoms and control exacerbations. Little is known about this practice in a real-world setting, and how treatment evolves in patients.

Objectives
To evaluate treatment patterns for 2 years following the first controller medication by COPD patients affiliated to Hospital Italiano (HI), a health maintenance organization (HMO) in Buenos Aires, Argentina.

Methods
A retrospective cohort study was conducted. Data were collected from HI's electronic medical records. COPD patients included in the study were those who started inhaler therapy with a first controller (ICS, inhaled corticosteroid; LABA, long-acting β2 agonist; LAMA, long-acting muscarinic antagonist) between January 1, 2017 and December 31, 2018.

Study design
Electronic medical records
Pharmacy dispensing data
Retrospective cohort study

Study dates
01 Jan 2017 - 31 Dec 2018

Timeframe
Date of first controller dispensed
Index to
Follow up
Baseline: 1 year before index date
Follow up: 2 complete years after index date
Controls were dispensed within a 10-day gap were considered as a single treatment

Results
COPD patients with ≥1 complete years of follow-up

Patients (%) with moderate or severe exacerbations

Figure 1. Patients with exacerbations during follow-up

No patients initiated on ICS+LAMA
No record of any use of rescue medication (SABA or SAMA), oral corticosteroids, etc

Results

COPD patients with ≥1 complete years of follow-up

Figure 2. Most common first controller scheme at index

No rescue medication (% patients)

No ICS used (% patients)

No LABA used (% patients)

No LAMA used (% patients)

No ICS+LABA used (% patients)

No ICS+LAMA used (% patients)

No LABA+LAMA used (% patients)

No ICS+LABA+LAMA used (% patients)

Results

COPD patients with ≥1 complete years of follow-up

Figure 3. Treatment flow during follow-up for ICS+LABA users at index

No use of rescue medication (SABA or SAMA), oral corticosteroids, etc

Results

COPD patients with ≥1 complete years of follow-up

Figure 4. Use of triple therapy at index and during Months 18–24 at index

No use of rescue medication (SABA or SAMA), oral corticosteroids, etc

Results

COPD patients with ≥1 complete years of follow-up

Figure 5. Treatment discontinuation during follow-up

No use of rescue medication (SABA or SAMA), oral corticosteroids, etc

Conclusions
A high proportion of treatment discontinuations and exacerbations were evident in this cohort

Use of triple therapy increased during the follow-up period
However, there is still a need for treatment optimization in COPD patients, with maximum bronchodilatation to minimize exacerbation burden.

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