

# Controller therapy evaluation among COPD patients from Hospital Italiano, Argentina

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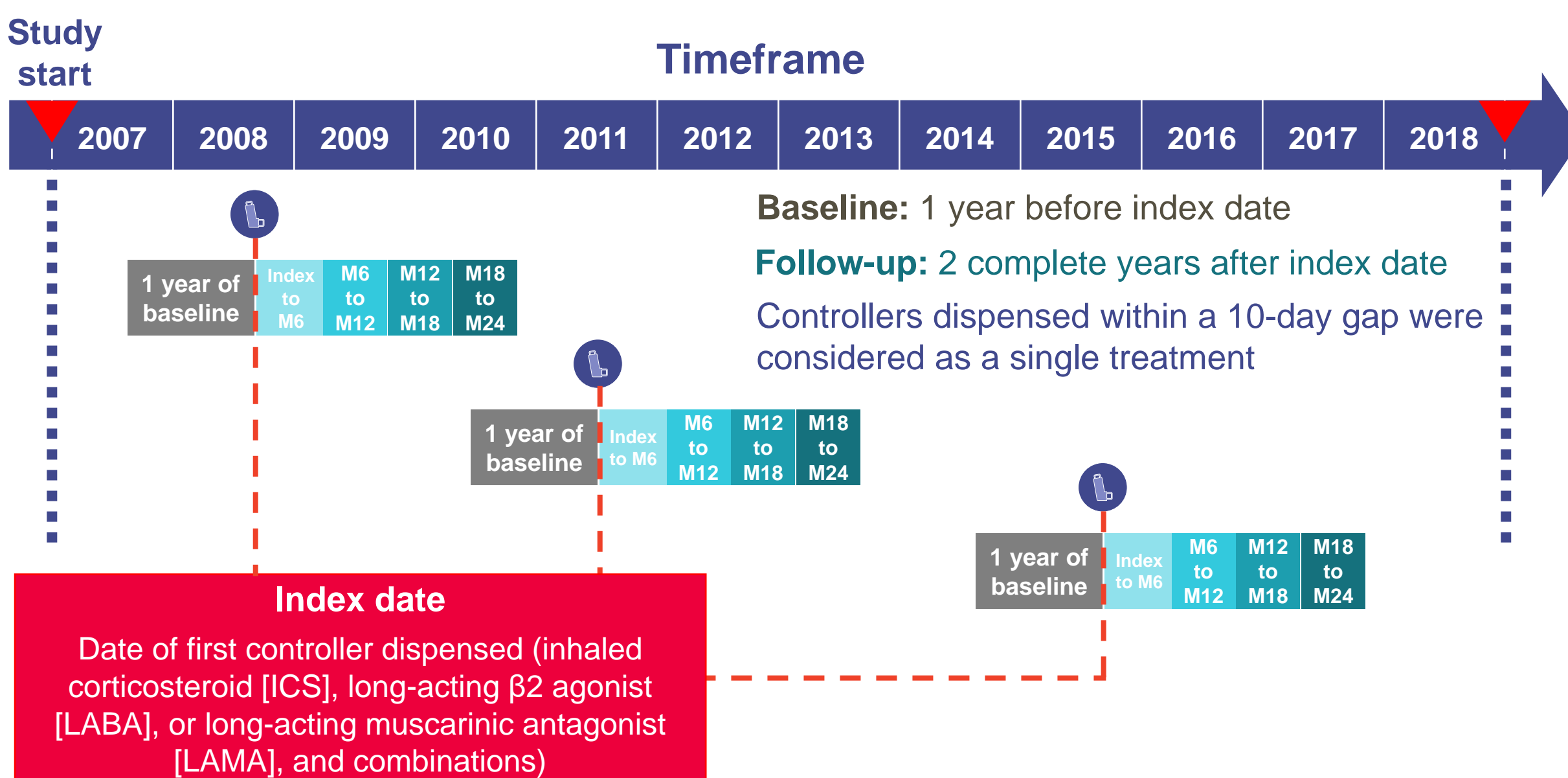
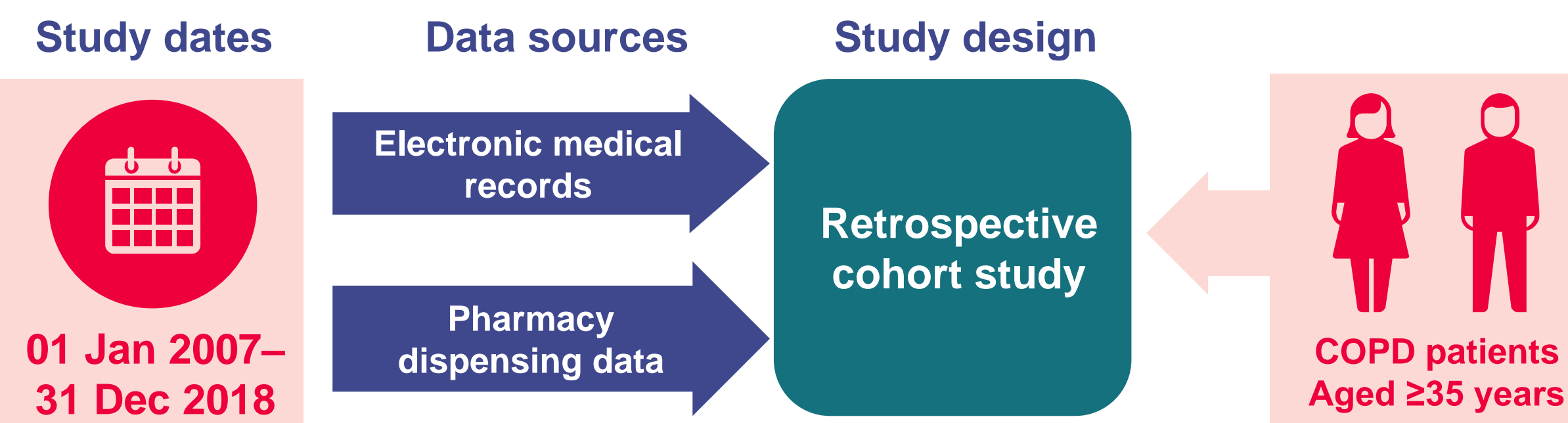
## Background

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 use of first controller medication by COPD patients affiliated to Hospital Italiano (HI), a health maintenance organization (HMO) in Buenos Aires, Argentina

## Methods



M, month

## Disclosures

- This study was funded by GlaxoSmithKline (GSK study PRJ2763).
- 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.
- On behalf of all authors, an audio recording of this poster was prepared Jeronimo Espinosa, who did not receive any payment for this recording.

## Results

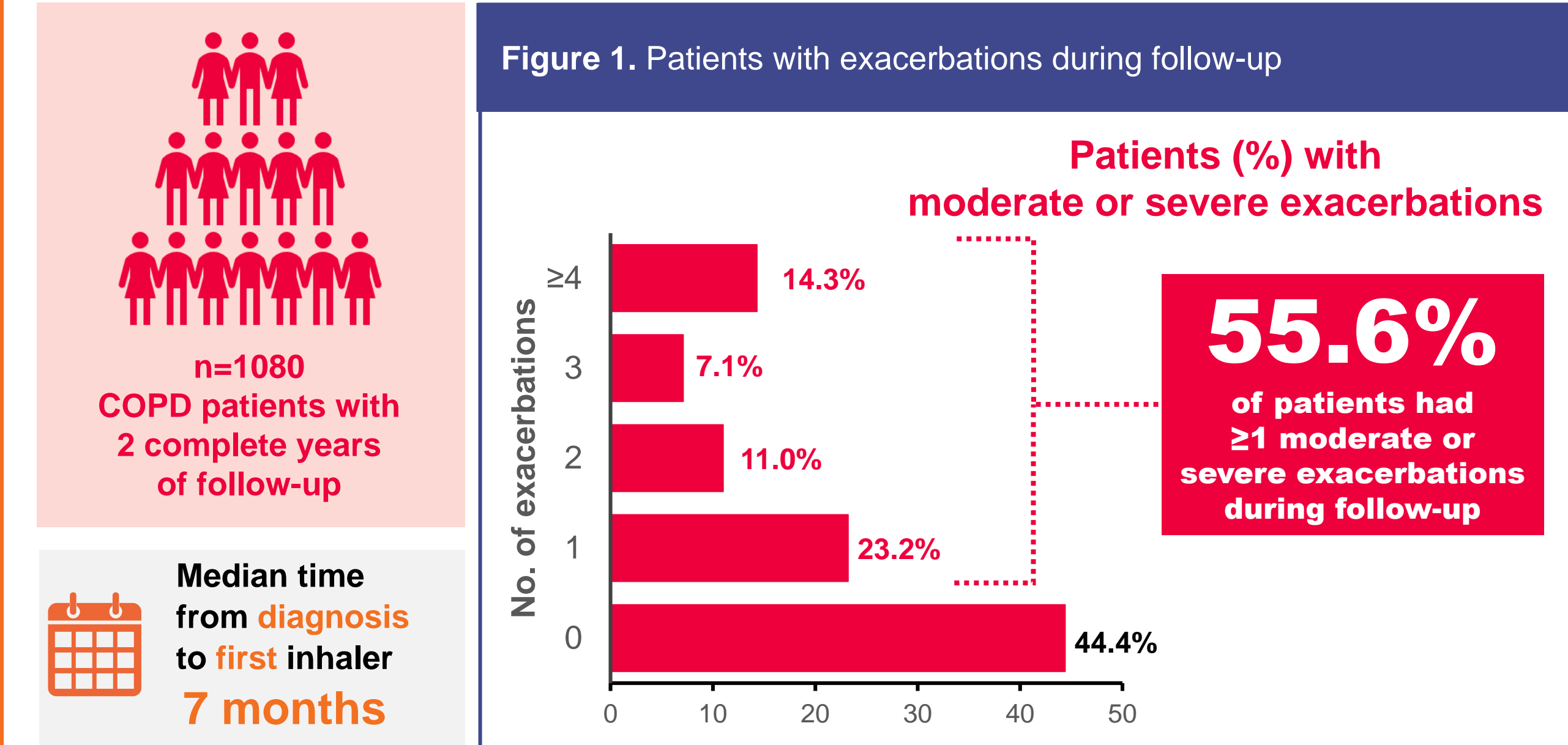
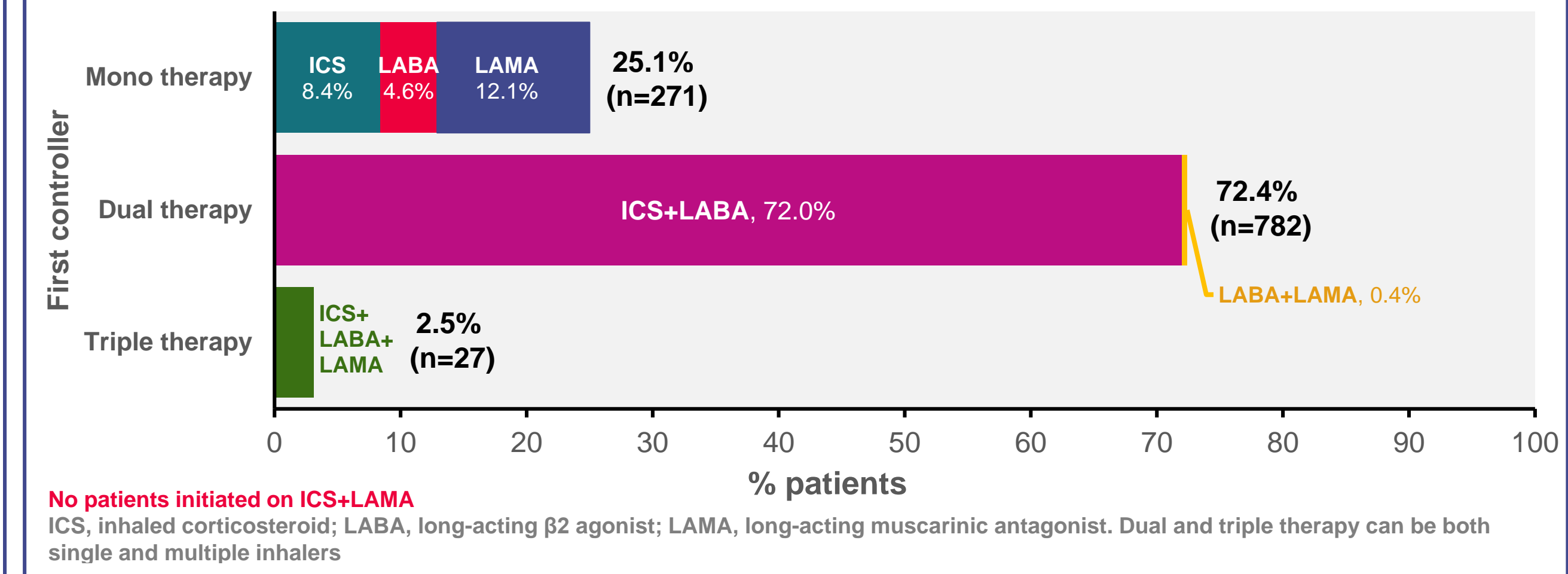


Figure 2. Most common first controller scheme at index



## 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

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

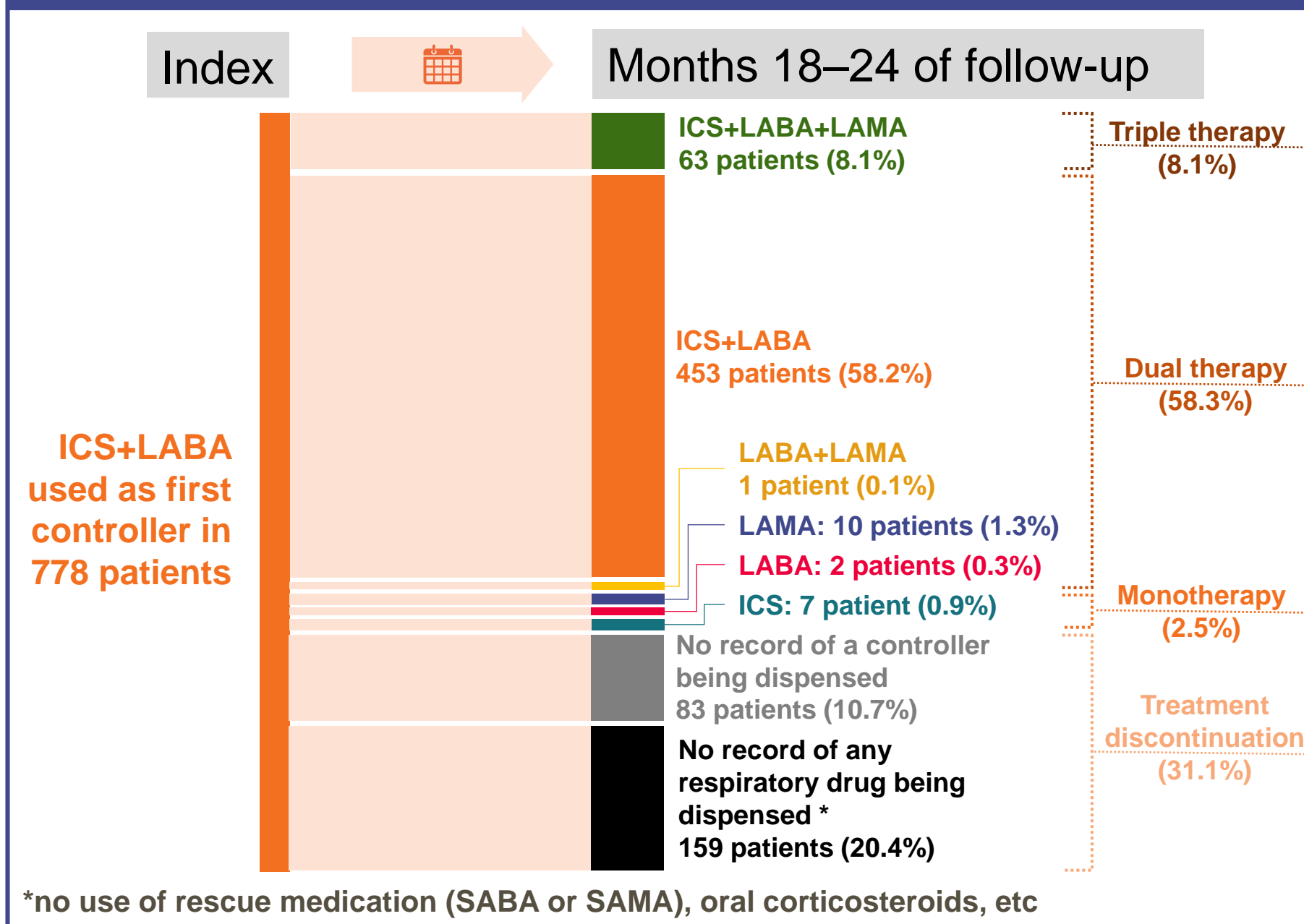


Figure 4. Use of triple therapy at index and during Months 18–24 of follow-up

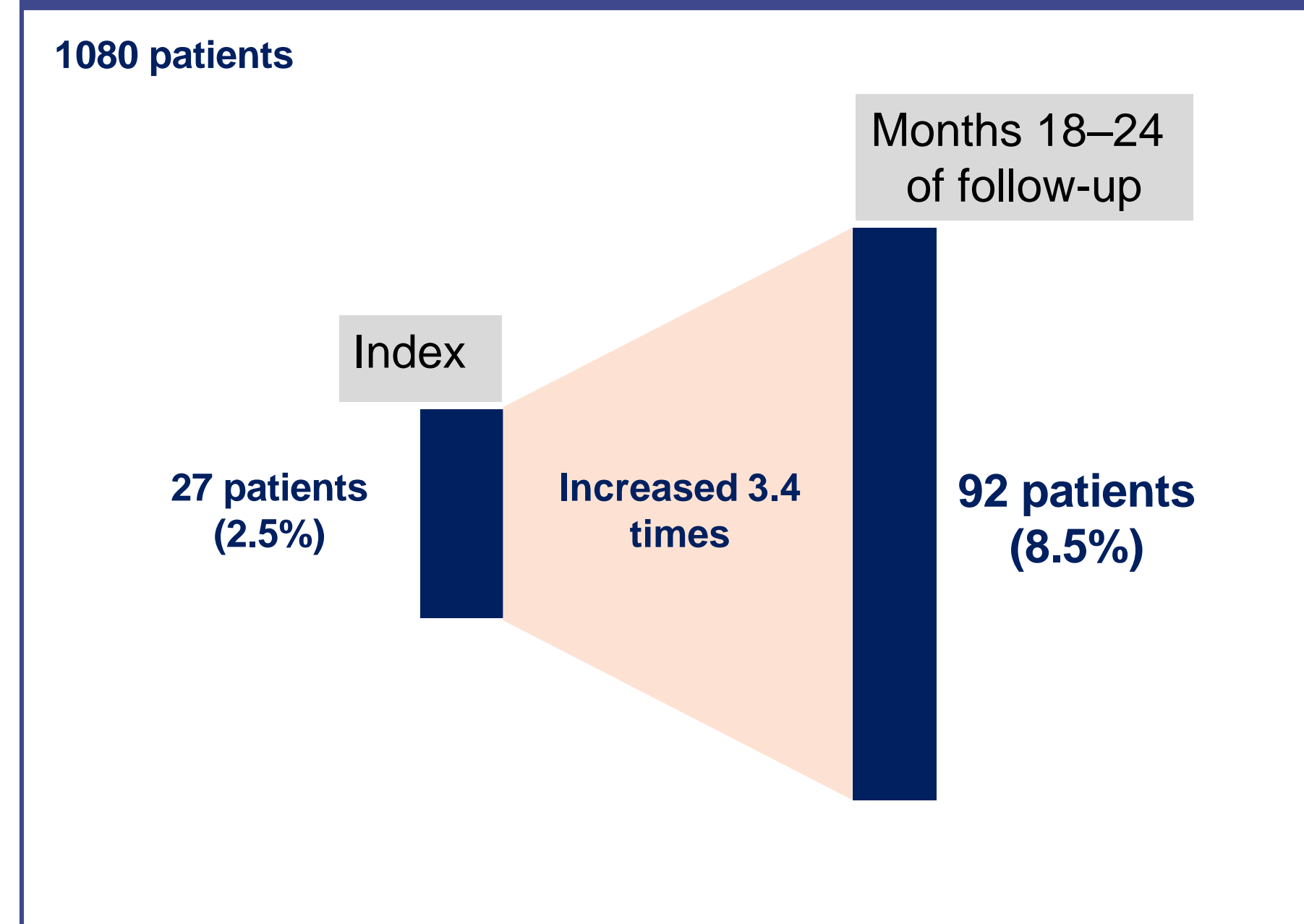
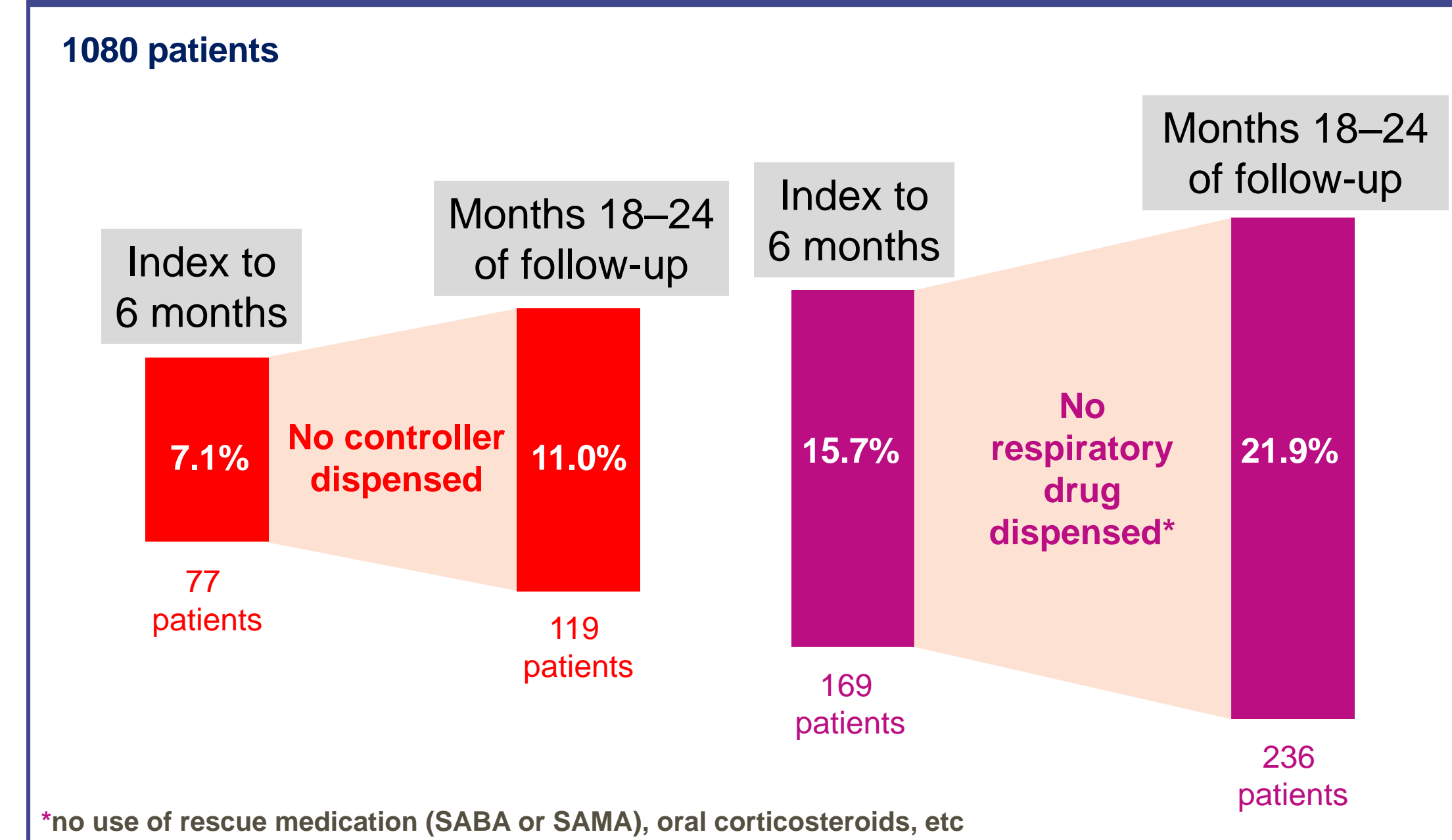


Figure 5. Treatment discontinuation during follow-up



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