

CER study demonstrated asthma patients had better overall results with oral controllers

August 26 2009

A newly published comparative effectiveness study demonstrated that asthma patients in general had better clinical outcomes with oral controllers than inhaled corticosteroids.

Mayo Clinic Proceedings published a peer-reviewed comparative effectiveness study performed by HealthCore, Inc. in its August edition. The study demonstrated that asthma patients in general had better clinical outcomes with oral controllers than inhaled corticosteroids.

"WellPoint's National Pharmacy and Therapeutics Committee requested the comparative effectiveness study to help ensure that its drug formulary for asthma therapies was aligned with their real-world use and outcomes," said Dr. Joseph Singer, vice president of clinical affairs for HealthCore, the outcomes research subsidiary for WellPoint, Inc. "We believe the study to be the first comprehensive comparative effectiveness research study on all asthma controller medications."

"Clinical superiority of the inhaled products has been well documented in clinical trials and the HealthCore study confirmed this for those who take their medication properly," Singer said. "However, we were surprised to discover that in looking at all patients in real-world settings, oral controllers appeared to be a better choice of treatment because of better compliance. Patients with the best outcomes were those who were compliant with inhaled corticosteroids."

The study, "Impact of Asthma Controller Medications on Clinical,

Economic and Patient-Reported Outcomes," revealed that users of oral controllers were significantly better at adhering to their medication than users of inhaled corticosteroids and probably obtained greater treatment benefit. After the study was complete in 2008, WellPoint's National Pharmacy and Therapeutics Committee chose to keep the oral controller used by the vast majority of its members on the same preferred formulary tier and lift its prior authorization requirement.

Asthma is a common and chronic inflammatory disorder of the airways that affects more than 22 million Americans. In 2004, it resulted in 14.7 million outpatient visits, 1.8 million emergency department visits and nearly 500,000 hospitalizations.

"It's important for physicians and health plans alike to know that 'one size fits all' does not apply when treating asthma patients," said Singer. "These results speak to the power of comparative effectiveness research and its ability to give physicians the information they need to customize treatment for patients in the real world."

Lead authors of the HealthCore study in the August edition of *Mayo Clinical Proceedings* were HealthCore researchers Hiangkiat Tan, Chaitanya Sarawate and Dr. Joseph Singer. Other authors included Dr. Kurt Elward, Dr. Rubin Cohen, Dr. Brian Smart, Dr. Michael Busk, Dr. James Lustig, Dr. Jeana O'Brien and Dr. Michael Schatz.

Both Elward and Schatz sit on the National Asthma Education and Prevention Program Expert Panel for the National Heart, Lung, and Blood Institute, a division of the National Institutes of Health, which develops guidelines for diagnosis and management of asthma.

The comparative effectiveness research study assessed the following outcomes: use of short-acting beta-agonists, use of oral corticosteroids, inpatient/emergency room visits, and total cost of care attributable to

asthma during the 12-month period after the index date.

HealthCore retrospectively pulled the medical and pharmacy claims data of more than 55,000 patients from eight health plans who had used at least one of six types of asthma controller medications between 2003 and 2005. The study was conducted in collaboration with a scientific steering committee consisting of physicians recommended by the American Academy of Family Physicians, the American Academy of Pediatrics and the American Association of Allergy and Immunology.

These data were integrated with quality-of-life surveys of more than 800 asthma patients from the same plans to evaluate potential differences in quality of life between the types of controller medications.

Both oral and inhaled treatments offered comparable impacts on patient-reported quality of life and productivity. Among patients taking more than one drug to control their asthma, HealthCore found that a combination of inhaled corticosteroids and long-acting beta-agonists were the best course of treatment in terms of better clinical outcomes and better quality of life.

In the group of patients who adhered to their medication, those taking leukotriene modifiers—oral [asthma](#) controllers—were more likely to have an emergency room or inpatient physician visit, less likely to use six or more short-acting beta agonist canisters and incurred higher annual costs. Those who were compliant with their inhaled corticosteroids had better outcomes than those who adhered to their oral controllers, but so few of those taking inhaled [corticosteroids](#) adhered properly to their medication that it had little impact on the overall population studied.

Source: HealthCore

Citation: CER study demonstrated asthma patients had better overall results with oral controllers (2009, August 26) retrieved 27 April 2024 from <https://medicalxpress.com/news/2009-08-cer-asthma-patients-results-oral.html>

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