

# Single combo inhaler beats standard rx in asthma

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Image courtesy of Blausen Medical

Maintenance and reliever therapy with a single inhaled corticosteroid plus a rapid-onset, long-acting,  $\beta_2$  agonist (formoterol) seems beneficial for patients with asthma, according to two studies published in the March issue of *The Lancet Respiratory Medicine*.

(HealthDay)—Maintenance and reliever therapy with a single inhaled corticosteroid plus a rapid-onset, long-acting,  $\beta_2$  agonist (formoterol) seems beneficial for patients with asthma, according to two studies published in the March issue of *The Lancet Respiratory Medicine*.

Alberto Papi, M.D., from the University of Ferrara in Italy, and colleagues conducted a multicenter double-blind study to compare the efficacy and safety of an extrafine combination [inhaler](#) of beclometasone plus formoterol (852 patients) with salbutamol (849 patients) as reliever strategies in addition to maintenance beclometasone plus formoterol for patients with asthma that was not fully controlled. The researchers found that 99 patients from the combination inhaler

group and 152 from the salbutamol group reported at least one exacerbation through 48 weeks. The time to first exacerbation was significantly increased by 75 days in the combination inhaler group versus the salbutamol group, with a significant reduction in risk (hazard ratio, 0.64).

Mitesh Patel, B.M.B.S., from the Medical Research Institute of New Zealand in Wellington, and colleagues examined whether the Single combination budesonide-formoterol inhaler Maintenance And Reliever Therapy (SMART) regimen would reduce overuse of  $\beta$  agonist in a 24-week trial involving patients with a recent asthma exacerbation randomized to SMART (151 patients) or a standard fixed-dose regimen (152 patients). The researchers observed no significant difference in the proportion of [patients](#) with at least one high-use episode of  $\beta$  agonist and comparable composite systemic corticosteroid exposure in the groups. Participants in the SMART group had fewer severe [asthma exacerbations](#) (relative rate, 0.54).

"Our results show that the SMART regimen has a favorable risk-to-benefit profile compared with standard maintenance treatment and can be recommended for use in adults at risk of severe [asthma](#) exacerbations," Patel and colleagues write.

Several authors from the first study disclosed financial ties to Chiesi Farmaceutici, which funded the study. Several authors from the second study disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract - Papi](#)  
[Full Text \(subscription or payment may be required\)](#)  
[Abstract - Patel](#)  
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