

Fluticasone furoate slows loss of lung function in COPD

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(HealthDay)—Regular use of fluticasone furoate (FF), either alone or in

combination with vilanterol (VI), appears to reduce the rate of forced expiratory volume in one second (FEV1) decline in patients with moderate chronic obstructive pulmonary disease (COPD) and a high risk of cardiovascular disease, according to a study published online July 24 in the *American Journal of Respiratory and Critical Care Medicine*.

Peter M.A. Calverley, M.B., Ch.B., from University of Liverpool in the United Kingdom, and colleagues conducted prespecified analysis of the key secondary outcome in the Study to Understand Mortality and Morbidity (SUMMIT) to determine how inhaled corticosteroid FF (100 µg), the long-acting beta-agonist VI (25 µg), or the combination (FF/VI) modified the rate of decline in FEV1 versus placebo.

The researchers found that FF-containing regimes had lower rates of decline than placebo (P cardiovascular disease).

"In patients with moderate COPD and heightened cardiovascular risk, FF alone or in combination with VI appears to reduce the rate of FEV1 decline," the authors write.

The study was funded by GlaxoSmithKline, which markets [fluticasone furoate](#).

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