

Small reduction in lung function with Tx de-escalation in COPD

September 15 2018



(HealthDay)—A de-escalation from triple therapy to

indacaterol/glycopyrronium may lead to a small reduction in lung function in non-frequently exacerbating patients with chronic obstructive pulmonary disease (COPD) but no difference in exacerbations, according to a study published in the Aug. 1 issue of the *American Journal of Respiratory and Critical Care Medicine*.

Kenneth R. Chapman, M.D., from the University of Toronto, and colleagues conducted a 26-week randomized trial to examine the direct change from long-term triple therapy (tiotropium, salmeterol, fluticasone propionate) to indacaterol/glycopyrronium or continuation of triple therapy in non-frequently exacerbating patients with moderate-to-severe COPD. A total of 527 and 526 patients were randomized to indacaterol/glycopyrronium and triple therapy, respectively.

The researchers found that there was a reduction in trough forced expiratory volume in one second of -26 ml (95 percent confidence interval, -53 to 1 ml) with inhaled corticosteroids withdrawal, with confidence intervals exceeding the non-inferiority margin of -50 ml. Between treatments, there was no difference in the annualized rate of moderate or severe COPD exacerbations (rate ratio, 1.08 ; 95 percent confidence interval, 0.83 to 1.4). Lung function loss was greater and exacerbation risk higher for patients with ≥ 300 blood eosinophils/ μ l at baseline. The two groups had similar adverse events.

"The higher exacerbation risk in patients with ≥ 300 blood eosinophils/ μ l suggests that these patients are likely to benefit from [triple therapy](#)," the authors write.

Several authors disclosed financial ties to pharmaceutical companies, including Novartis Pharma, which funded the study.

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Citation: Small reduction in lung function with Tx de-escalation in COPD (2018, September 15)
retrieved 4 May 2024 from

<https://medicalxpress.com/news/2018-09-small-reduction-lung-function-tx.html>

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