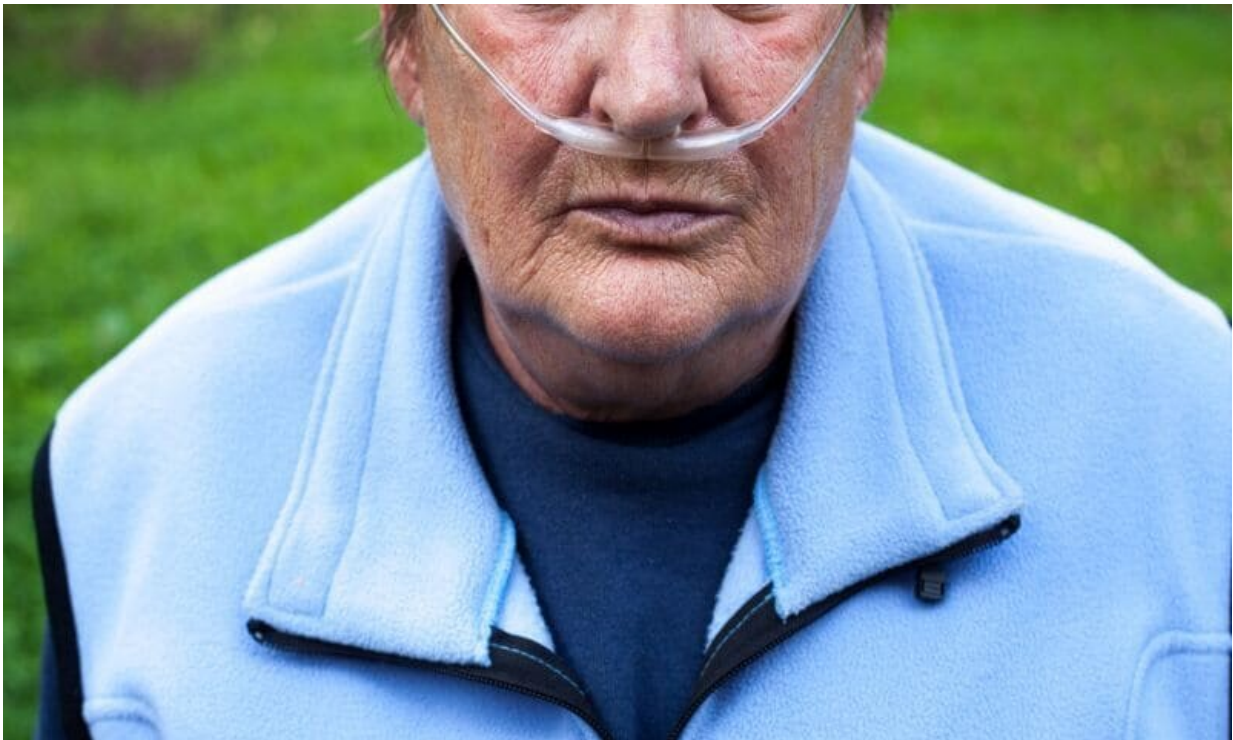


Antibiotics, corticosteroids beneficial in COPD exacerbations

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(HealthDay)—For adults with exacerbation of chronic obstructive pulmonary disease (COPD), antibiotics and systemic corticosteroids are associated with less treatment failure, according to a review published online Feb. 25 in the *Annals of Internal Medicine*.

Claudia C. Dobler, M.D., Ph.D., from the Mayo Clinic in Rochester, Minnesota, and colleagues assessed the comparative effectiveness and adverse events (AEs) of pharmacologic interventions for adults with COPD exacerbation. Data were included from 68 randomized controlled trials enrolling adults with exacerbation of COPD that compared pharmacologic therapies to placebo, usual care, or other pharmacologic interventions.

The researchers found that independent of severity of exacerbations in outpatients and inpatients, antibiotics given for three to 14 days were associated with increased resolution of exacerbation and less treatment failure at the end of the intervention (odds ratios, 2.03 and 0.54, respectively) compared with placebo or management without antibiotics. Systemic corticosteroids given for nine to 56 days were associated with less treatment failure at the end of the intervention (odds ratio, 0.01) compared with placebo in outpatients and inpatients, but with a higher number of total and endocrine-related AEs. Insufficient evidence was found for other pharmacologic interventions compared with placebo or usual care in inpatients.

"The results of this systematic review support use of [antibiotics](#) and [systemic corticosteroids](#) in COPD exacerbations, independent of severity," the authors write.

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