

# Triple therapy no benefit for COPD exacerbations

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Similar results were seen when adjusting for propensity scores. Triple therapy was significantly associated with reduced risk of moderate exacerbations, compared to double therapy (HR, 0.68; 95 percent CI, 0.48 to 0.98), in an intention-to-treat approach among a sub-cohort of patients with previous exacerbations.

"Given the impact of exacerbations on health status and prognosis, it is crucial to target COPD patients for optimal treatment," the authors write.

**More information:** [Abstract](#)  
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(HealthDay)—The addition of tiotropium to long-acting  $\beta$ 2-agonists (LABA) and/or inhaled corticosteroids (ICS) does not reduce chronic obstructive pulmonary disease (COPD) exacerbations compared to LABA/ICS alone, according to a study published online April 20 in the *Journal of Clinical Pharmacology*.

Eliana Ferroni, M.D., from the Lazio Regional Health Service in Rome, and colleagues used administrative data to identify 5,717 adults hospitalized for COPD (from 2006 to 2009) who were newly prescribed a fixed LABA/ICS combination (double therapy) or tiotropium as part of triple therapy.

The researchers found that 31.9 percent initiated LABA/ICS as part of [triple therapy](#). The adjusted hazard ratios (HRs) for moderate, severe, and any exacerbations were 1.02 (95 percent confidence interval [CI], 0.89 to 1.16), 0.92 (95 percent CI, 0.76 to 1.12) and 1.08 (95 percent CI, 0.91 to 1.28), respectively, in intention-to-treat analysis.

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