

# COPD Health Center



## Combo Therapy Best for COPD: Study

Researchers found two-drug regimen cut death, hospitalization rates for the respiratory disease

WebMD News from HealthDay

By Dennis Thompson

*HealthDay Reporter*

TUESDAY, Sept. 16, 2014 (HealthDay News) -- A combination drug therapy aimed at opening the airways and reducing inflammation appears to be the best treatment for older adults with chronic obstructive pulmonary disease (COPD), especially those with [asthma](#), a new study finds.

COPD patients who received a combination of long-acting beta agonists and [inhaled corticosteroids](#) were less likely to die or require hospitalization because of their breathing disorder, compared to people receiving only one of the two medications, Canadian researchers report.

The study findings were published in the Sept. 17 issue of the *Journal of the American Medical Association*.

The findings go against the official guidelines for treating COPD, but actually support what most chest physicians are doing in the clinic, said lead author Dr. Andrea Gershon, a scientist with the Sunnybrook Health Sciences Center and the Institute for Clinical Evaluative Sciences in Toronto.

Current treatment guidelines call for COPD patients to first receive a long-acting beta agonist, which relaxes the muscles of the airways and widens them, resulting in easier breathing. If that doesn't work, physicians then can add an inhaled corticosteroid, which reduces inflammation.

"We found the combination therapy appeared to be more effective, and we found that a lot of people are being started on this combination therapy straight away," Gershon said. "Maybe doctors have had an intuitive sense of these benefits, or maybe drug companies had really good marketing."

Further, researchers found that the combination therapy did not compound a person's risk of side effects

from either drug, most notably osteoporosis and [pneumonia](#).

"I suspect when doctors read this, they are going to skip that first step and go straight to combination drug therapy," said Dr. Norman Edelman, senior medical advisor to the American Lung Association.

COPD is the third leading cause of death worldwide, researchers said in background information. The disease makes it progressively more difficult for patients to draw a breath, with symptoms slowly worsening over time.

The study involved government health data in Ontario on almost 12,000 people with COPD between 2003 and 2011, including 8,712 patients newly placed on combination therapy and 3,160 new users of long-acting beta agonists.

The records involved real-world situations, with doctors treating patients according to their best judgment, Edelman noted.

"It's one thing to perform a drug trial and select patients very carefully and see how your drugs perform, and another to look back and see how people have done in the real world with real doctors," he said.

Researchers found that about 37.3 percent of people died while using beta agonists alone, compared with 36.4 percent of people using the combination therapy.

Similar results occurred for hospitalizations caused by COPD -- about 30.1 percent for people on the single drug, versus 27.8 percent for people taking the combination.

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Overall, the use of combination therapy reduced risk of death or hospitalization by 3.7 percent, compared with beta agonists alone, the study found.

The greatest difference was among COPD patients who had also been diagnosed with asthma. Overall, those on combination therapy had a 6.5 percent reduced risk of either death or hospitalization compared with those taking a single drug.

The researchers noted, however, that the combination therapy appeared to be less effective for people who are using inhaled long-acting anticholinergic medication, a different class of COPD medication that works by inhibiting the transmission of certain nerve impulses to help reverse airway resistance.

Those who received the combination therapy and had never taken a long-acting anticholinergic had an 8.4 percent reduced risk of death or hospitalization.

The findings are likely to reassure most physicians that they already are doing the right thing, given that many already are prescribing combination therapy, said Dr. Darcy Marciniuk, the immediate past president of the American College of Chest Physicians and head of the division of respirology, critical care and sleep

medicine at the University of Saskatchewan in Saskatoon, Canada.

Before paring down their patient sample for research purposes, the Canadian researchers determined that doctors had started 34,289 new patients on combination therapy during the period in question, compared with 3,258 who were prescribed beta agonists alone.

"About 10 times more people were started on combination therapy than were started on the single therapy," Marciniuk said. "That speaks for itself."

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SOURCES: Andrea Gershon, M.D., M.Sc., Sunnybrook Health Sciences Center and the Institute for Clinical Evaluative Sciences, Toronto; Norman Edelman, M.D., senior medical advisor, American Lung Association; Darcy Marciniuk, M.D., F.C.C.P., immediate past president, American College of Chest Physicians; Sept. 17, 2014, *Journal of the American Medical Association*



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