Late Breaking - Clinical Research Results Abstract

IPCRG14LB-1326

REAL WORLD EFFECTIVENESS OF CHANGING FIXED-DOSE COMBINATION THERAPY FROM SERETIDE® MDI TO FLUTIFORM® IN UK ASTHMA PATIENTS

D. Lim [1] I. Small [2] S. Wolfe [3] J. Hamill [4] K. Gruffydd-Jones [5] C. Daly [6] D. Price [1 7,*]

[1]Research in Real Life Ltd, Cambridge, [2]Peterhead Health Centre , Aberdeen, [3]Primary Research Ltd, Norwich, [4] McMullans pharmacy, Belfast, [5]University of Bath, Bath, [6]South Norfolk CCG, Norfolk, [7]University of Aberdeen, Aberdeen, United Kingdom

Aim: To investigate the success of changing fixed dose combination therapy from Seretide® (fluticasone propionate salmeterol: FP/SAL) to Flutiform® (fluticasone propionate formoterol: FP/FOR) in asthma patients and compare the characteristics of patients changing therapy with those remaining on FP/SAL.

Methods: Observational study of UK primary care patients from the Optimum Patient Care Research Database changing fixed-dose combination therapy from FP/SAL using a metered dose inhaler to FP/FOR. Patients were aged 12-80 with asthma diagnosis and/or ≥2 prescriptions for asthma therapy 1 year prior to their first FP/FOR prescription. The primary outcome was "change success" defined as ≥70% of patients with ≥1 prescription for FP/FOR in the 6 months following therapy change (not including first prescription). Patient characteristics during the year prior to FP/FOR prescription were analysed and compared with patients prescribed a repeat prescription of FP/SAL (using Mann-Whitney and $\chi 2$ tests where appropriate). Exacerbations were defined as either asthma related hospital or emergency department attendance or an acute course of oral steroids following respiratory review. Differences were considered significant where $p \leq 0.05$.

Results: Of the 164 patients changing their therapy to FP/FOR, 88.4% had at least 1 further FP/FOR prescription 6 months following the change. 164 FP/FOR patients were compared with 6,228 FP/SAL patients and important demographic and clinical baseline characteristics are shown in table 1.

		FP/FOR N = 164	FP/SAL N = 6228	p-value
Age at date of prescription, Median (IQR)		60 (44 – 70)	51 (38 – 65)	<0.001
Sex, % male		46	43	0.456
Current smokers, %		31	17	<0.001
BMI, Median (IQR), kg/m^2		27 (24 – 31)	28 (24 – 32)	0.846
Number of exacerbations, %	0	82	86	0.176
	1	11	10	
	2+	7	4	
Consultations for lower respiratory tract infections (LRTI) resulting in antibiotics, %	0	61	74	0.001
	1	23	16	
	2+	16	10	
Number of ICS inhalers / (ICS inhalers + SABA inhalers), Median (IQR)		1 (0.5 – 0.8)	1 (0.4 – 0.8)	0.339

Conclusion: As the 88.4% rate of FP/FOR patients receiving a second prescription 6 months following therapy change exceeds the pre-set limit of ≥70%, change success was achieved. Patients who were switched to FP/FOR were found to be older, higher chance of being a current smoker and more consultations for LRTI resulting in antibiotics.

Disclosure of Interest: D. Lim: None DeclaredI. Small: None DeclaredS. Wolfe: None DeclaredJ. Hamill: None DeclaredK. Gruffydd-Jones Consultant for: Mundipharma(Napp), GSK, Astra Zeneca. Boehringer Ingelheim., Almirall, MSD, Novartis and Chiesi Speaker bureau of: Mundipharma(Napp), GSK, Astra Zeneca. Boehringer Ingelheim., Almirall, MSD, Novartis and ChiesiC. Daly: None DeclaredD. Price Shareholder of: AKL Ltd Grant / Research Support from: Aerocrine, AstraZeneca, Boehringer Ingelheim, Chiesi, GSK, Merck, Mundipharma, Napp, Novartis, Nycomed, Orion, Pfizer, Takeda, Teva and UK National Health Service Consultant for: Activaero, Aerocrine, Almirral, AstraZeneca,

Boehringer Ingelheim, Chiesi, Cipla, GSK, Kyorin, Medapharma, Merck, Mundipharma, Napp, Novartis, Nycomed, Pfizer, Sandoz, Takeda and Teva Speaker bureau of: Activaero, Aerocrine, Almirral, AstraZeneca, Boehringer Ingelheim, Chiesi, Cipla, GSK, Kyorin, Medapharma, Merck, Mundipharma, Napp, Novartis, Nycomed, Pfizer, Sandoz, Takeda and Teva