Real life effectiveness of changing fixed-dose combination therapy from Seretide® metered dose inhaler (MDI) to Flutiform® in UK patients with asthma

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Background:

Data from randomised controlled trials suggest that fluticasone propionate / formoterol (Flutiform®, FP/FOR) is as effective as fluticasone propionate / salmeterol (Seretide®, FP/SAL) for asthma management but achieves more rapid bronchodilation. Real life research is required to assess the acceptability of FP/FOR in primary care asthma patients.

Aim:

To investigate the success of changing fixed dose combination therapy from FP/SAL to FP/FOR in patients with asthma.

Method:

Observational study of UK primary care patients from the Optimum Patient Care Research Database changing fixed-dose combination therapy from FP/SAL via MDI to FP/FOR. Patients aged 12-80 with asthma diagnosis and/or ≥ 2 prescriptions for asthma therapy 1 year prior to first FP/FOR prescription. Primary outcome was "change success" defined as $\ge 70\%$ of patients with ≥ 1 prescription for FP/FOR 6 months following therapy change (not including first prescription). Patient characteristics during year prior to FP/FOR prescription were analysed and compared with patients prescribed FP/SAL prescribed as repeat prescription (Mann-Whitney and χ 2 tests where appropriate). Oral steroid use in FP/FOR patients was compared 6 months pre- and post-switch using McNemar-Bowker test.

Results:

Of 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. Overall baseline characteristics were similar although FP/FOR patients were significantly older, more likely to be current smokers and with more lower respiratory tract infection consultations leading to antibiotic prescriptions. 6-month effectiveness analysis before and after FP/FOR switch showed no significant differences in number of oral steroids prescriptions (p = 0.175).

Conclusion:

Change success was achieved with 88.4% of FP/FOR patients receiving a second prescription 6 months following therapy change with no loss of asthma control.