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TRENT MEDICINES INFORMATION SERVICE

NHS

QIPP Detail Aid

Providing support for quality in prescribing

INHALED CORTICOSTEROIDS –their role in COPD?

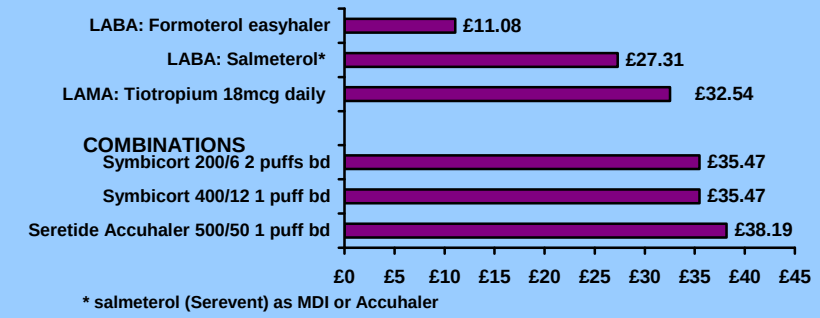
WHAT IS THE PROBLEM?

- Prescribing of inhaled products containing a combination of corticosteroid (fluticasone, budesonide or beclometasone) and a long acting beta agonist (LABA, either salmeterol or formoterol) continues to increase.
- Only high doses of Symbicort turbohaler and Seretide (as Accuhaler, not the metered dose inhaler) are licensed for chronic obstructive pulmonary disease (COPD). All other combinations are licensed only for asthma.
- In 2011-12 the East Midlands spent over £20m on Symbicort® and Seretide®, an increase of 8% over 2007-8. Although this increase is modest, there was a 41% increase in use of the highest Symbicort® strength and a 67% increase in Seretide Accuhaler® 500/50, based on numbers of items. This is probably mostly due to use in COPD.

WHAT IS THE EVIDENCE?

- NICE guidelines for maintenance treatment of COPD were updated in 2010.[1] These recommend starting treatment with a short acting bronchodilator (SABA) e.g. salbutamol, followed by either a long acting muscarinic agent (LAMA) such as tiotropium, or LABA (formoterol or salmeterol). If the patient has persistent breathlessness or exacerbations, treatment with.a corticosteroid can be added using a combination dry powder inhaler (Symbicort® or Seretide Accuhaler®).
- For patients with moderate or severe disease (FEV_1 <50%), such combinations may reduce exacerbations, though a recent systematic review has questioned the superiority of combinations over LABA alone.[2] There are no trial data to support the use of these combinations in patients with FEV_1 >50%, but NICE guidance says they may be considered as an option. Some patients may need the combination plus LAMA (known as 'triple' therapy').
- Treatment with combinations of corticosteroid/LABA should be monitored, with the objective of reducing exacerbations. There is no trial evidence that these products alter the progress of disease, long term decline in lung function or mortality. Adverse effects include osteoporosis, diabetes and pneumonia.

WHAT ARE THE COSTS?



* salmeterol (Serevent) as MDI or Accuhaler

Costs for 28 days based on licensed doses, from MIMS/Drug Tariff, Jan 2013

KEY MESSAGES

- **Treatment of COPD is largely aimed at relieving symptoms and in those who have exacerbations, reducing the frequency of these.**
- **Evidence for inhaled corticosteroids in COPD is based on trials using combinations with a LABA - Seretide Accuhaler® or Symbicort turbohaler® in fixed high doses.**
- **There is no trial evidence to support the use of Seretide® metered dose inhaler in COPD and it is unlicensed and more expensive than the Accuhaler.**
- **Evidence is emerging of harms associated with use of long term inhaled steroids in COPD. Continued prescribing should be reviewed regularly and discontinued if exacerbations are not reduced.**

References:

1. NICE guidance (at http://publications.nice.org.uk/chronic-obstructive-pulmonary-disease-cg101/introduction, accessed on 11/12/2012
2. Cochrane review at http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006829.pub2/abstract accessed 11/12/12

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