Risk of Pneumonia with ICS/LABA Therapy in COPD Published by Dove Medical Press

This cluster analysis of patients with COPD identified subgroups of patients at greatest risk of pneumonia, which is important for disease management.

(PRWEB) May 09, 2014 -- International Journal of COPD has published the original research “Risk of pneumonia with inhaled corticosteroid/long-acting β2 agonist therapy in chronic obstructive pulmonary disease: a cluster analysis”.

As corresponding author, Dr Rachael DiSantostefano says “Using baseline patient characteristics from randomized controlled trials from two, pooled 1-year randomized exacerbation trials (N=3,255) of fluticasone furoate (FF)/vilanterol (VI) or VI in COPD, we used cluster analysis to identify combinations of patient characteristics with the greatest risk of pneumonia. Patients in the two highest risk groups had about 5 to 8 times the risk of pneumonia compared to the referent group and had more severe obstruction (FEV1/FVC <46%) with either lower body mass index (<19 kg/m2) or a pneumonia history and greater comorbidities.”

Dr DiSantostefano continues “In addition, patients using inhaled corticosteroids were twice as likely to experience pneumonia as those without inhaled corticosteroid use. Cluster analysis can identify patient populations at risk for serious safety outcomes and inform risk management strategies.”

As Dr Richard Russell, Editor-in-Chief, explains “This paper is one of the very first to not only clearly confirm the finding that inhaled steroids in COPD increase the risk of pneumonia but it also describes the some possible sub groups of patients who are at increased risk. This should aid the clinician in making decisions as to when and if to start inhaled steroids. Moreover we need to not only phenotype our patients for their possible responsiveness but also for their risk of significant harm due in part to medication, in this instance pneumonia driven by inhaled steroids.”

International Journal of COPD is an international, peer-reviewed journal of therapeutics and pharmacology focusing on concise rapid reporting of clinical studies and reviews in COPD. Special focus will be given to the pathophysiological processes underlying the disease, intervention programs, patient focused education, and self management protocols. This journal is directed at specialists and healthcare professionals.

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