Overuse of long-acting β_2-agonist/inhaled corticosteroids in the treatment of patients with chronic obstructive pulmonary disease: Time to rethink prescribing patterns

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*Corresponding author; Email address: ozdoc@aol.com

BACKGROUND

COPD is one of the leading global causes of morbidity and mortality [1]

ICS, **LABAs**, and **LAMAs** are the primary classes of inhaled medications used, alone or in combination, for the management of COPD [2]

Continued use and extensive prescription of ICS may be linked to elevated health risks in many patients with COPD [3,4]

Prescribing ICS as a first-line treatment is not in accordance with current global recommendations [2]

RATIONALE

We examine the rationale behind the continued and pervasive use of ICS in patients with COPD and highlight evidence suggesting that extensive ICS prescription may be detrimental to many patients with COPD

KEY FINDINGS

Evidence

Widespread ICS prescription is no longer the optimal patient-centric approach in COPD management

Use of LABA and LAMA as the initial and follow-up therapy in patients with COPD may improve patient outcomes

Clinical Practice

HCPs should rethink their prescribing habits and consider alternative options

ICS can be withdrawn in patients with COPD receiving triple therapy provided patients have not experienced any exacerbations in the previous year or have not reported moderate-to-severe exacerbations in the previous 2 years [5,6]

Patients who present with features of COPD should be treated according to the 2023 GOLD recommendations: bronchodilator for patients with 0 or 1 moderate exacerbations with no hospital admission and mMRC 0-1 and CAT <10 (**Group A**), LABA+LAMA for patients with 0 or 1 moderate exacerbations not leading to hospital admission and mMRC ≥2 and CAT ≥10 (**Group B**). Patients with ≥2 moderate exacerbations/year or ≥1 exacerbation leading to hospitalization (**Group E**) must receive LABA+LAMA unless blood eosinophils ≥300 cells/μL [2]

CONCLUSIONS

- This review highlights the need for primary care physicians to adjust the management of patients with COPD according to the current guidelines [2]
- Modification of primary care prescribing strategies for COPD will ensure proper treatment to effectively control symptoms, minimize exacerbation risk, preserve lung function, and maximize patient outcomes

Abbreviations: CAT, COPD Assessment Test; **COPD,** chronic obstructive pulmonary disease; **GOLD,** Global Initiative for Chronic Obstructive Lung Disease; **HCP,** health care professional; **ICS,** inhaled corticosteroid; **LABA,** long-acting β_2-agonist; **LAMA,** long-acting muscarinic antagonist; **mMRC**, Modified Medical Research Council

References:
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