Research backs Seretide to Fostair switch for asthmatics

A one year retrospective matched (1:3) observational study of 1,528 asthma patients aged 18–80 years from clinical practice databases was performed. Results show that Fostair was non-inferior to Seretide (adjusted exacerbation rate ratio 1.01 (95% CI 0.74 to 1.37)). Additionally, switching to Fostair resulted in significantly better (p<0.05) odds of achieving overall asthma control (no asthma-related hospitalisations, bronchial infections, or acute oral steroids; salbutamol ≤200μg/day) and lower daily short-acting β2-agonist usage at a lower daily ICS dosage (mean–130μg/day Fluticasone Propionate equivalents; p<0.001).

This real world study supports findings from randomised controlled trials which have shown that Fostair (2 puffs BD) is as effective as Seretide in maintaining lung function in patients previously controlled with an equipotent dose of fluticasone plus salmeterol (500/100 μg/day), and that Fostair is as well tolerated as Seretide, with a comparable safety profile.


Statins good for peripheral artery disease as well.

Peripheral artery disease (PAD) remains a therapeutic challenge. Peripheral vasodilators have failed to demonstrate any useful outcome data. Most inositol, moxisylyte, pentoxifylline are listed in the BNF as drugs of limited clinical value, cilostazol is no longer recommended by NICE as a treatment option, and cyclospasmol which most pharmacies would have a tub of 5000 tablets on the shelf in the 1980’s of as disappeared completely. This leaves naftidrofuryl which may help with the symptoms of intermittent claudication.

A study published in the European Heart Journal followed 5861 patients with symptomatic PAD, 62% of whom were taking a statin on enrolment. The primary outcome being worsening claudication, new episode of critical limb ischaemia, new percutaneous/ surgical revascularisation, or amputation.

After 4 years patients who were on statins had a significantly lower risk of the primary adverse limb outcome, (22.0 vs 26.2%) resulting in an absolute risk reduction of 4.2% and an NNT of 23.8 (4 years).

1) Statin therapy and long-term adverse limb outcomes in patients with peripheral artery disease: insights from the REACH registry. Eur Heart J Feb 2014

Citalopram may be useful in managing agitation in dementia.

The “call for action” has raised prescribers awareness about the inappropriate use of antipsychotics to manage agitation in dementia due to the increase risk of strokes. Rotherham prescribers have responded with only 10.2% of patients with dementia co-prescribed an antipsychotic, which is below the national average.

But how should agitation in dementia be managed? The Citalopram for Agitation in Alzheimer Disease Study (CitAD) is a placebo-controlled, double-blind, parallel group trial designed to answer this question.

186 patients with alzheimers and agitation were randomised to receive a psychosocial intervention plus either citalopram (n=94) or placebo (n=94), dosage began at 10mg/day with a planned titration to 30mg/day over 3 weeks based on response and tolerability for 9 weeks.

The primary outcomes were based on scores from two internationally recognised Alzheimer rating scales (Neurobehavioral Rating Scale agitation subscale (NBRSA-A) and the modified Alzheimer Disease Cooperative Study-Clinical Global Impression of Change (mADCS-CGIC)). The NBRSA-A showed a significant benefit for citalopram at week 9 and the mADCS-CGIC showed that 40% of citalopram participants having marked improvement from baseline compared with 26% of placebo patients.

This study is limited by the fact it only ran for 9 weeks so the safety and effectiveness of citalopram for longer than nine weeks is not proven. The cognitive and cardiac adverse effects of citalopram may limit its practical application at the dosage of 30mg/day.

ClinicalTrials.gov US institute of Health ClinicalTrials.gov Identifier: NCT00898807
### New Respiratory Medication Update

<table>
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<tr>
<th>Drug</th>
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<th>Benefits</th>
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<tr>
<td>Acildinium Bromide (Eklira Genuair®▼)</td>
<td>Inhaled dry powder long-acting muscarinic antagonist (LAMA), for maintenance of COPD.</td>
<td>The Inhaler device is simple to use, multi dose, breath actuated and has an audible click and colour change window to confirm correct inhalation. Effects on lung function and patient-reported outcomes are broadly comparable with those for tiotropium. Twice daily use may result in more sustained night-time bronchodilation than morning use of tiotropium, dry mouth and other antimuscarinic effects may be less common.</td>
<td>Although comparable, there is no robust evidence of any advantage over tiotropium. Acildinium has not been compared to other long-acting bronchodilators in appropriately powered trials. Longer-term safety data and evidence for effects on exacerbations are limited.</td>
<td>£28.60</td>
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<tr>
<td>Glycopyrronium Bromide (Seebri Breezhaler®▼)</td>
<td>Inhaled dry powder long-acting muscarinic antagonist (LAMA), for maintenance of COPD.</td>
<td>Short term studies have shown glycopyrronium to have similar efficacy to tiotropium, and may provide more rapid bronchodilation.</td>
<td>There is currently no robust evidence of any significant advantage over tiotropium. Like tiotropium, the glycopyrronium capsule must be removed from its blister pack, placed into the device and then pierced before inhalation can take place. This may be difficult for patients with dexterity issues.</td>
<td>£27.50</td>
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<tr>
<td>Indacaterol (Onbrez Breezhaler®)</td>
<td>Inhaled dry powder long-acting Beta2 agonist (LABA), for maintenance of COPD.</td>
<td>May provide an alternative treatment option in patients with moderate to severe COPD, who may be better suited to a once-daily dose, compared to the twice-daily dosing required by other LABAs.</td>
<td>Efficacy of indacaterol is clinically similar to that of formoterol. Like tiotropium, the indacaterol capsule must be removed from its blister pack, placed into the device and then pierced before inhalation can take place. This may be difficult for patients with dexterity issues.</td>
<td>£29.26</td>
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<tr>
<td>Indacaterol/Glycopyrronium (Ultibro Breezhaler®▼)</td>
<td>Inhaled dry powder combination LABA/LAMA, for maintenance of COPD.</td>
<td>A fixed dose combination may be beneficial to patients who are taking both components separately.</td>
<td>The European Medicines Agency considered that its effect on reducing the rate of exacerbations was too small to recommend the use for exacerbation reduction. Although some small statistically significant improvements in lung function, dyspnoea, health status and use of rescue medication were seen compared with placebo and active comparators, the clinical importance of these differences is unclear.</td>
<td>£TBC</td>
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<tr>
<td>Fluticasone furoate/Vilanterol (Relvar Ellipta®▼)</td>
<td>Inhaled dry powder combination inhaled corticosteroid (ICS) Fluticasone furoate/Vilanterol (LABA)</td>
<td>Once daily dosing may be of benefit to some patients. Limited data suggest that fluticasone furoate/vilanterol 92/22 OD has comparable efficacy to Seretide 250/50 BD.</td>
<td>The relatively sparse comparative data does not suggest that there are likely to be important differences in efficacy compared to other combination products. There is no safety data beyond 52 weeks. Relvar 184/22mcg (≡ 500mcg BD Fluticasone propionate) is not indicated for patients with COPD as there is no additional benefit compared to the 92/22mcg dose and there is a potential increased risk of pneumonia and systemic corticosteroid-related adverse reactions.</td>
<td>£TBC</td>
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<tr>
<td>Fluticasone propionate/Formoterol (Flutiform®▼)</td>
<td>Inhaled combination MDI (ICS/LABA) Fluticasone propionate/Formoterol fumarate.</td>
<td>Found to be of similar efficacy to Seretide in one fully published open labelled 12-week trial in 202 adults. Has a faster onset of action than Seretide.</td>
<td>Current trial data shows no significant clinical benefit compared to other ICS/LABA combinations. There are currently no published studies in people with asthma who are under 18 years.</td>
<td>£TBC</td>
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