ATS: Indacaterol-glycopyrronium cuts COPD exacerbations

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(HealthDay)—For patients with a history of chronic obstructive pulmonary disease (COPD) exacerbations, indacaterol-glycopyrronium is more effective for prevention of exacerbations than salmeterol-fluticasone, according to a study published online May 15 in the *New England Journal of Medicine*. The research was published to coincide with the annual meeting of the American Thoracic Society, held from May 13 to 18 in San Francisco.

Jadwiga A. Wedzicha, M.D., from Imperial College London, and colleagues conducted a 52-week noninferiority trial involving patients with COPD with a history of at least one exacerbation during the previous year. Patients were randomized to receive by inhalation the long-acting beta-agonist (LABA) indacaterol plus the long-acting muscarinic antagonist glycopyrronium once daily (1,680 patients) or the LABA salmeterol plus the inhaled glucocorticoid fluticasone twice daily (1,682 patients).

The researchers found that for reducing the annual rate of all COPD exacerbations, indacaterol-glycopyrronium showed noninferiority and superiority to salmeterol-fluticasone (3.59 versus 4.03; rate ratio, 0.89). Compared with the salmeterol-fluticasone group, the indacaterol-glycopyrronium group had a longer time to the first exacerbation (71 versus 51 days; hazard ratio, 0.84). The indacaterol-glycopyrronium group also had a lower annual rate of moderate or severe exacerbations (0.98 versus 1.19; rate ratio, 0.83).

"Indacaterol-glycopyrronium was more effective than salmeterol-fluticasone in preventing COPD exacerbations in patients with a history of exacerbation during the previous year," the authors write.

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