

Triple inhaled therapy aids in moderate-to-very severe COPD

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The researchers found that the annual rates of moderate or severe exacerbations were 1.08 and 1.07 in the 320- and 160- μ g budesonide triple therapy groups, respectively; 1.42 in the glycopyrrolate-formoterol group; and 1.24 in the budesonide-formoterol group. Compared with glycopyrrolate-formoterol or budesonide-formoterol, the rate was significantly lower with 320- μ g glucocorticoid triple therapy (rate ratios, 0.76 and 0.87, respectively). Similarly lower rates were seen with 160- μ g glucocorticoid triple therapy (rate ratios, 0.75 and 0.86, respectively).

"Our findings show the benefits of [triple therapy](#) with a budesonide-glycopyrrolate-formoterol combination over dual therapy with a LAMA-LABA or an inhaled glucocorticoid-LABA combination," the authors write.

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(HealthDay)—Triple therapy, including glucocorticoid at either of two dose levels, is beneficial for moderate-to-very severe chronic obstructive pulmonary disease (COPD), according to a study published online June 24 in the *New England Journal of Medicine*.

Klaus F. Rabe, M.D., Ph.D., from the German Center for Lung Research in Grosshansdorf, and colleagues conducted a 52-week, phase 3 trial to assess the efficacy and safety of triple [therapy](#) at two dose levels of inhaled [glucocorticoid](#) in patients with moderate-to-very severe COPD and at least one exacerbation in the previous year. A total of 8,509 patients were randomly assigned to receive either twice-daily inhaled doses of triple therapy (inhaled glucocorticoid [320 or 160 μ g], a long-acting muscarinic antagonist [LAMA; glycopyrrolate], and a long-acting β_2 -agonist [LABA; formoterol]) or one of two dual therapies (glycopyrrolate plus formoterol or budesonide plus formoterol) in a 1:1:1:1 ratio.

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