New options for bronchodilator treatment in COPD

P M A Calverley

Although the definition of chronic obstructive pulmonary disease (COPD) is now more elaborate than in the past, the presence of persistent airflow obstruction is still a cardinal feature of this illness, and improved lung emptying, usually expressed as an increase in forced expiratory volume in 1 s (FEV₁), is a key goal of chronic disease management. This can be achieved in several ways, ranging from chronic disease management. This can be achieved in several ways, ranging from...
a consistent finding, it did it seem to impact their health status adversely.

Inevitably this well conducted trial will raise some further questions. The patients included here were less severe, as judged by their postbronchodilator lung function, than in other recent COPD studies (mean FEV1 52% predicted here). They appeared to have a greater degree of reversibility than reported in other COPD trials, although the absolute lung function changes are difficult to calculate from the data given and are unlikely to be as great as the numbers based on a percentage change from baseline would suggest.17 Over half of the patients were using inhaled corticosteroid during the trial and it would be interesting to know whether some of the clinical outcomes, such as the improvement in breathlessness or the exacerbation frequency, showed any interaction between this background treatment and the new drugs. Certainly, the exacerbation rate was lower than in other studies, perhaps reflecting the selection criteria or the use of concomitant medication. Similar problems have been seen when the effects of combination of treatments with monotherapy with long-acting β-agonists on these clinical outcomes have been compared in similar 1 year studies.18 However, the data showing superiority of indacaterol to formoterol in terms of lung function are very convincing. Direct comparisons between indacaterol and long-acting antimuscarinic agents such as tiotropium will be awaited with interest and should resolve the long-standing question of whether drugs targeted to block or stimulate specific pathways moderating airway smooth muscle function do produce different responses in patients with COPD. Likewise it will be important to establish whether there are advantages in combining once-daily β-agonists with once-daily inhaled corticosteroids, which can also have clinical effects in COPD,19 when compared with existing twice-daily regimens. For now we can be assured that long-acting inhaled β-agonists have arrived, are effective and offer the prospect of simpler treatment for our patients.

Competing interests I have advised and led clinical trials of bronchodilator therapy for several companies including GSK, Boehringer Ingelheim and AstraZeneca. I have advised Noarits, the study sponsors, on study design and serve on a data safety monitoring board for another trial they are running in COPD.

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