who had been prescribed ≥12 SABA inhalers without an asthma review (as coded by QOF) were identified.

Results 94,955 asthma patients met the inclusion criteria, of which 12661 (13%) were children. LABAs with no ICS had been prescribed to 402 patients (0.4%). A total of 5032 patients (5.3%) had been prescribed ≥ 12 SABA inhalers, ranging from 13–136 inhalers of which 1965 (39%) had not had an asthma review. Among these, 117 were children, 0.92% of the total.

Conclusion These data, covering a large GP population, suggest evidence of non-guideline recommended prescribing which might contribute to increased risk to asthma patients. Prescribers should consider implementing system alerts to identify and review such prescribing behaviours.

REFERENCE

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P148 ONCE-DAILY TIOTROPIUM RESPIMAT® ADD-ON TO AT LEAST ICS MAINTENANCE THERAPY REDUCES EXACERBATION RISK IN PATIENTS WITH UNCONTROLLED SYMPTOMATIC ASTHMA

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Background A reduction in the risk of asthma exacerbation may provide improvements in clinical burden, patient experience and healthcare costs. In Phase III trials, once-daily tiotropium Respimat® add-on to at least ICS improved lung function in patients with symptomatic asthma. We investigated exacerbation risk in each trial.

Methods Five Phase III, double-blind, placebo-controlled, parallel-group trials in patients with symptomatic asthma. Patients received tiotropium Respimat® 5 µg or placebo Respimat® each as add-on to at least ICS maintenance therapy (Table 1). Pre-planned co-primary or secondary end points were time to first severe exacerbation and time to any asthma worsening.

Results Mean baseline% of predicted FEV_1, ACQ-7 score and ICS dose (µg) were: 56.0 ± 13.1, 2.6 ± 0.7 and 1198 ± 539 in PrimoTinA-asthma® (two replicate trials); 75.1 ± 11.5, 2.2 ± 0.5 and 660 ± 213 in MezzoTinA-asthma® (two replicate trials); and 77.7 ± 11.9, 2.1 ± 0.4 and 381 ± 78 in GraziaTinA-asthma®. Tiotropium Respimat® 5 µg reduced risk of severe asthma exacerbation by at least 21% in all three severity cohorts (Table 1) and risk of asthma worsening versus placebo Respimat® in all trials, with a statistically significant reduction in PrimoTinA-asthma®.

Conclusion Once-daily tiotropium Respimat® 5 µg add-on to at least ICS maintenance therapy consistently reduced exacerbations across asthma severities and so may be a beneficial add-on option to reduce current and future exacerbation risk.

Abstract P148 Table 1 Risk of severe asthma exacerbation in PrimoTinA-asthma®, MezzoTinA-asthma® and GraziaTinA-asthma®

		Severe asthma exacerbations, proportion of patients (%)			
Trial	**Background medication**	**Tiotropium Respimat® 5 µg**	**Placebo Respimat®**	**HR[a] (95% CI)**	**p value**
PrimoTinA-asthma®[b]	ICS + LABA (>800 µg budesonide or equivalent)	122/453 (26.9)	149/454 (32.8)	0.79 (0.62, 1.00)	0.034
MezzoTinA-asthma®[c]	ICS (400–800 µg budesonide or equivalent)	31/513 (6.0)	43/518 (8.3)	0.72 (0.45, 1.14)	0.164
GraziaTinA-asthma®[d]	ICS (200–400 µg budesonide or equivalent)	1/151 (0.7)	4/151 (2.6)	0.25 (0.03, 2.24)	0.216

[a]Hazard ratio, time to first severe exacerbation (vs placebo, <1 favours tiotropium Respimat®); [b]Baseline to Week 48, NCT00776984/NCT00772538; [c]Baseline to Week 24, NCT01172808/NCT01172821; [d]Baseline to time of last event, NCT01316380.

P149 ONCE-DAILY TIOTROPIUM RESPIMAT® ADD-ON TO AT LEAST ICS IN ADULT PATIENTS WITH SYMPTOMATIC ASTHMA: POOLED SAFETY ANALYSIS

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Background A high proportion of patients with asthma are symptomatic despite at least ICS maintenance therapy. Five trials aimed to evaluate the safety of tiotropium Respimat® compared with placebo Respimat®, each as add-on to at least ICS in adult patients with symptomatic asthma.

Methods Five Phase III and one Phase II randomised, double-blind, placebo-controlled, parallel-group trials. PrimoTinA-asthma® (48 weeks): tiotropium Respimat® 5 µg add-on to ICS + LABA (≥800 µg budesonide or equivalent); MezzoTinA-asthma® (24 weeks): tiotropium Respimat® 5 µg or 2.5 µg add-on to ICS (400–800 µg budesonide or equivalent); GraziaTinA-asthma® (12 weeks): tiotropium Respimat® 5 µg or 2.5 µg add-on to ICS (200–400 µg budesonide or equivalent); Study 342 (16 weeks): tiotropium Respimat® 5 µg add-on to ICS (400–800 µg budesonide or equivalent). Pooled safety data are presented.

Results 1929 patients received tiotropium Respimat® (PrimoTinA-asthma®, n = 456; MezzoTinA-asthma®, n = 1036; GraziaTinA-asthma®, n = 309; Study 342, n = 128). Frequency