Abstract S49 Table 1

	Space			Usual Care			Between group difference
	Baseline	6 Weeks	6 Months	Baseline	6 Weeks	6 Months	
Dyspnoea	3.31 (1.07)	4.02 (1.19)	3.97 (1.37)	2.95 (1.17)	3.38 (1.35)	3.44 (1.40)	0.17 p=0.323
Fatigue	3.93 (1.23)	4.37 (1.15)	4.12 (1.34)	3.80 (1.32)	3.80 (1.47)	3.70 (1.40)	0.31 p=0.034
Emotion	4.86 (1.27)	5.20 (1.18)	5.02 (1.32)	4.83 (1.22)	4.75 (1.32)	4.64 (1.43)	0.35 p=0.047
Mastery	5.25 (1.32)	5.40 (1.17)	5.29 (1.37)	5.14 (1.40)	5.03 (1.49)	4.91 (1.52)	0.26 p=0.287
ISWT (metres)	343 (150)	353 (161)	354 (154)	349 (161)	343 (163)	347 (163)	13 p=0.145
ESWT (seconds)	260 (179)	470 (390)	494 (413)	263 (167)	355 (308)	313 (290)	184 p=0.038
HADS anxiety	10.50 (2.11)	9.50 (3.11)	9.36 (3.81)	10.67 (2.47)	10.30 (2.98)	10.18 (3.42)	-0.62 p=0.581
HADS depression	9.44 (1.38)	8.56 (3.24)	8.00 (2.87)	9.94 (1.77)	9.25 (3.53)	10.25 (3.79)	-1.75 p=0.156

supported self-management programme that adopts a light touch approach. This study aimed to test the effectiveness of SPACE in patients with COPD in primary care.

Methods 184 patients [101 male; mean (SD) age 69 (9) yrs; FEV₁ 1.44 (0.56) l; BMI 27.56 (5.26) kg/m²] with COPD were recruited and randomised to either SPACE or usual care. Patients who received SPACE were introduced to a manual by a healthcare professional and received two telephone calls at 2 and 4 weeks. Measures were taken at baseline, 6 weeks and 6 months. The primary outcome was the Chronic Respiratory Questionnaire (CRQ) dyspnoea. Secondary outcomes were CRQ fatigue, emotion and mastery, Incremental Shuttle Walk Test (ISWT), Endurance Shuttle Walk Test (ESWT) and Hospital Anxiety and Depression Scale (HADS). HADS was analysed on a subgroup of those scoring ≥8 at baseline. Repeated measures ANOVA was conducted to test the effect of time and intervention. Results

Results are displayed in table 1.

Conclusions SPACE can bring about gains in HRQoL, endurance capacity and reduced depression for those at risk, that are maintained over 6 months. These are important patient outcomes which suggest self-management skills of emotional and medical management have been gained.

Reference

1. Department of Health. 'An Outcomes Strategy for COPD and Asthma: NHS Companion Document.' May 2012.

S50 ONCE-DAILY GLYCOPYRRONIUM IMPROVES LUNG FUNCTION IN COPD PATIENTS: POOLED RESULTS OF THE GLOW1 AND GLOW2 STUDIES

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¹D Banerji, ¹V Alagappan, ²C Martin, ¹E He, ¹H Chen, ²T Overend. ¹Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA; ²Novartis Horsham Research Centre, Horsham, West Sussex, UK

Introduction NVA237 (glycopyrronium) is a safe and effective once-daily inhaled long-acting muscarinic antagonist for the maintenance treatment of COPD.

Methods This pooled analysis of the Glycopyrronium Bromide in COPD Airways Clinical Studies (GLOW1 and 2) assessed the efficacy of glycopyrronium 50µg once daily versus placebo and open-label tiotropium 18µg once daily over 26 to 52 weeks in patients with moderate-to-severe COPD. Glycopyrronium and placebo were delivered via the Breezhaler® device and tiotropium was delivered via the Handihaler® device, in the morning between 8:00–11:00 hours. Analyses included trough forced expiratory volume in

1 second (FEV₁) and forced vital capacity (FVC) at Day 1 and Weeks 12, 26 and 52; 24hour (h) serial spirometry in a subset of patients, and FEV₁ area under the curve (AUC).

Results 1888 subjects were randomised, 98.2% analysed (glycopyrronium=1059, tiotropium=267, placebo=528); male: 71.5%, mean age: 63.9 years, mean post-bronchodilator FEV₁: 55.5% predicted. All trough FEV₁ and FVC values for glycopyrronium and tiotropium were significantly greater than placebo (p<0.001) and glycopyrronium was numerically higher than tiotropium at all time-points (table).

The improvement in FEV₁ with glycopyrronium was seen immediately after the first dose on Day 1 (90mL at 5min and 144mL at 15min versus placebo, p<0.001) and sustained throughout the 52 Week period. FEV₁ AUC for 0–4h, 0–12h, 0–24h and 12–24h for glycopyrronium was significantly greater than placebo (p<0.05). AUC 0–4h for glycopyrronium was significantly greater than tiotropium on Day 1 and Weeks 12 and 26; all other AUC values for glycopyrronium were numerically higher than tiotropium.

Conclusion Once-daily glycopyrronium provided rapid, sustained and clinically meaningful bronchodilation over 52 weeks with efficacy similar to tiotropium in patients with COPD.

Abstract S50 Table 1 Trough FEV₁ and FVC least square mean treatment difference (SE) from placebo (mL)

	FEV ₁		FVC	
	Glycopyrronium	Tiotropium	Glycopyrronium	Tiotropium
Day 1	98 (7.7)	88 (11.5)	187 (15.1)	178 (22.7)
Week 12	103 (11.2)	88 (16.7)	190 (21.5)	172 (32.0)
Week 26	125 (12.6)	78 (18.6)	205 (22.7)	133 (33.9)
Week 52	108 (19.5)	89 (22.3)	179 (34.4)	180 (39.4)

S51 EFFICACY OF ACLIDINIUM BROMIDE COMPARED WITH TIOTROPIUM AND PLACEBO IN PATIENTS WITH MODERATE TO SEVERE COPD: A PHASE IIIB STUDY

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¹Jutta Beier, ²Anne Marie Kirsten, ³Robert Mroz, ⁴Rosa Segarra, ⁴Ferran Chuecos, ⁵Cynthia Caracta, ⁴Esther Garcia Gil. ¹Insaf Respiratory Research, Wiesbaden, Germany; ²Pulmonary Research Institute at Hospital Grosshansdorf, Grosshansdorf, Germany; ³ISPL Centrum Medyczne, Białystok, Poland; ⁴Almirall, R&D Centre, Barcelona, Spain; ⁵Forest Research Institute, Jersey City, New Jersey, USA