Abstract P285 Table 1 Baseline characteristics

	LABA/LAMA-FDC-based therapy (N = 3815)	Standard therapy without LABA/LAMA FDC (N = 1408)	Total Population (N = 5223)
Male,%	59.4	57.3	58.9
Height (cm), mean	170.4	170.0	170.3
Weight (kg), mean	80.3	80.6	80.4
BMI (kg/m2), mean	27.6	27.8	27.7
Age (years), mean	66.6	66.6	66.6
Age groups, < 65	42.7%	42.8%	42.7%
65–75	35.8%	33.6%	35.2%
>75	21.5%	23.7%	22.1%
FEV1 predicted (litre), mean	1.7	1.7	1.7
Symptoms			
CAT total score, mean	18.9	18.6	18.8
mMRC total score, mean	1.7	1.7	1.7
Airflow limitation according to GOLD 2011[1],%			
Mild	19.1	23.4	20.3
Moderate	51.7	50.9	51.5
Severe	25.2	22.7	24.5
Very severe	4.0	3.1	3.7
COPD severity according to GOLD 2011[1],%			
GOLD A	9.3	10.1	9.5
GOLD B	45.2	47.6	45.8
GOLD C	3.4	2.8	3.2
GOLD D	42.2	39.6	41.5

CAT = COPD Assessment Test; mMRC = modified Medical Research Council dyspnoea scale

entry. Taking into account airflow limitation, COPD symptoms and exacerbation history, 41.5% of patients were categorised as GOLD D. Prior to study entry 1271 patients did not receive COPD maintenance treatment and ICS was withdrawn from 1307 patients. 86.9% of patients with an exacerbation history in the LABA/LAMA-FDC treatment group did not receive additional ICS while 58.5% of patients with an exacerbation history in the standard therapy arm received an ICS-based treatment regimen.

Conclusions The population recruited has a broad range of disease severity, with a baseline CAT and mMRC mean score suggesting a relatively high degree of symptoms. COPD progression and exacerbations will be recorded over the next 2 years and analysed in relation to the received maintenance medication, which will provide valuable real-life data on the use LABA/LAMA FDCs in daily practice in patients with or without an exacerbation history.

REFERENCE

1 Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2011. Available from: http://goldcopd.org/

P286 COST-CONSEQUENCE OF FLUTICASONE FUROATE/VILANTEROL 100/25MCG FOR THE MANAGEMENT OF COPD IN THE SPANISH NHS: AN ANALYSIS BASED ON THE COPD SALFORD LUNG STUDY

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Introduction The Salford Lung Study (SLS) is an open label prospective randomised controlled effectiveness trial. The study was conducted in the UK between 2012 and 2015 in a population intended to be representative of everyday clinical practice and was intended to provide relevant evidence to support healthcare decisions in the management of Chronic Obstructive Pulmonary Disease (COPD) for clinicians, providers and policy makers. SLS investigated the effectiveness and safety of initiating treatment with fluticasone furoate/vilanterol (FF/VI) 100/25 mcg compared with continuing with usual COPD maintenance treatment (usual care). Compared with usual care, FF/VI statistically significantly reduced the annual rate of moderate and severe exacerbations by 8.41% (NNT = 7) in the intention to treat (ITT) population (>1 exacerbation in the previous 3 y; n = 2799) and in patients with >1 exacerbation in the previous 1 y; n = 2269). The objective of the present analysis is to estimate the economic impact of these results when applied to a Spanish setting.

Methods An Excel based 1-year cost-consequence model was developed based on SLS results and from the Spanish National Health System (NHS) perspective. Mean annual rates of moderate/severe exacerbations were directly obtained from SLS (1.50 FF/VI and 1.64 usual care; ITT population). Serious adverse events were excluded from the analysis. Patients included in the analysis were diagnosed COPD patients >40 years old, being treated with a maintenance treatment and having a history of exacerbations (N = 232,730, estimated from Spanish prevalence data). Costs were estimated from Spanish public sources and encompassed annual retail drug costs (FF/VI: 627.26 €, usual care: 782.24 €) and COPD exacerbation management costs (344€: moderate event; 903 €: severe event).It was assumed that within one year the use of FF/VI would increase from 3% to 10%.

Results Substituting usual care with FF/VI is likely to be associated with reduced COPD medication and exacerbation management costs. Total annual savings of 3,236,647 € were obtained for this population.

Conclusion The decreased rate of exacerbations with FF/VI compared with usual care observed in SLS trial could be transferable, translating into potential healthcare savings for the Spanish NHS. SLS results may support informed healthcare decisions across different settings.

P287 PATIENT PREFERENCE FOR INHALATION DEVICES IN COPD: A COMPARISON OF THE BREEZHALER AND RESPIMAT DEVICES

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Background and aims Difficulties and errors in the use of maintenance inhalation devices in COPD are common and can result in loss of control and an increased risk of exacerbations, hospitalisation and death. In this research, participants handled the