Treatment and adherence in asthma

S32 COMBINATION FIXED-DOSE BETA AGONIST AND STEROID INHALER AS REQUIRED FOR ADULTS OR CHILDREN WITH MILD ASTHMA: A COCHRANE SYSTEMATIC REVIEW

¹A Fries, ²I Crossingham, ²S Turner, ^{1,3,4}S Ramakrishnan, ⁵M Gowell, ⁶F Yasmin, ²R Richardson, ²P Webb, ⁵E O'Boyle, ^{1,3}TSC Hinks. ¹Respiratory Medicine Unit, Nuffield Department of Medicine, University of Oxford, Oxford, UK; ²East Lancashire Hospitals NHS Trust, Blackburn, UK; ³NIHR Oxford Biomedical Research Centre, Nuffield Department of Medicine, University of Oxford, Oxford, UK; ⁴School of Medical and Health Sciences, Edith Cowan University, Perth, Australia; ⁵New College, University of Oxford Medical School, Oxford, UK; ⁶Pharmacy, Kettering General Hospital, Kettering, UK

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Background We aimed to evaluate the efficacy and safety of single combined fast-acting beta₂-agonist/inhaled corticosteroid (FABA/ICS) inhaler only used as needed in people with mild asthma.

Methods We performed a Cochrane meta-analysis of randomised trials utilising as-required FABA/ICS inhalers for >12 weeks.¹ Primary outcomes included exacerbations requiring systemic steroids, asthma-related hospital or urgent care visits and measures of asthma control.

Results Six studies met our inclusion criteria (n=9,657 participants).

Compared with as-required FABA alone, as-required FABA/ICS reduced exacerbations requiring systemic steroids (OR 0.45, 95% CI 0.34 to 0.60, high-certainty evidence). FABA/ICS as-required may also reduce the odds of asthma-related hospital or urgent care visits (OR 0.35, 95% CI 0.20 to 0.60, low-certainty evidence). Changes in asthma control and spirometry were less than the minimum clinically-important difference (MCID). FABA/ICS as-required was associated with reductions in FENO, probably reduces the odds of adverse events (OR 0.82, 95% CI 0.71 to 0.95) and may reduce total systemic steroid dose (MD -9.90, 95% CI -19.38 to -0.42).

Compared with regular ICS plus FABA as-required, there may be little or no difference in the number of people with asthma exacerbations requiring systemic steroid with FABA/ICS as-required (OR 0.79, 95% CI 0.59 to 1.07, low-certainty

evidence). The odds of asthma-related hospital or urgent care visits may be reduced in those taking FABA/ICS as-required (OR 0.63, 95% CI 0.44 to 0.91, low-certainty evidence).

Changes in asthma control, spirometry or asthma-associated quality of life, were less than the MCID. Adverse events, total systemic corticosteroid dose and mortality were similar between groups. FABA/ICS as-required was likely associated with reduced daily exposure to inhaled corticosteroids compared to regular ICS (MD -154.51 mcg/day, 95% CI -207.94 to -101.09).

Conclusions FABA/ICS as-required is clinically effective in adults and adolescents with mild asthma. It reduced exacerbations, hospital admissions, unscheduled healthcare visits, exposure to systemic corticosteroids and probably reduces adverse events compared with FABA as-required alone. FABA/ICS as-required is as effective as regular ICS and reduced asthma-related hospital admissions or unscheduled healthcare visits, and average exposure to ICS, and is unlikely associated with increased adverse events.

REFERENCE

1. Cochrane Database Syst Rev 2021;5:CD013518.

Please refer to page A188 for declarations of interest related to this abstract.

S33 A PRAGMATIC, RANDOMISED CONTROLLED TRIAL OF A TAILORED PULMONARY REHABILITATION PACKAGE IN DIFFICULT-TO-CONTROL ASTHMA ASSOCIATED WITH ELEVATED BODY MASS INDEX

^{1,2}HC Ricketts, ^{1,2}V Sharma, ²F Steffensen, ²A Goodfellow, ²E Mackay, ²G MacDonald, ³DS Buchan, ¹R Chaudhuri, ²DC Cowan. ¹University of Glasgow, Glasgow, UK; ²Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde, Glasgow, UK; ³Division of Sports and Exercise, University of the West of Scotland, Lanarkshire, UK

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Background Difficult-to-control asthma associated with elevated body mass index (BMI) represents a significant challenge, with limited treatment options. The effects of pulmonary rehabilitation (PR) in this population are uncertain.

Abstract S33 Figure 1