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MEETING ABSTRACT Open Access

Characteristics and first treatment dose of Dutch patients (12-60 years old) receiving prescriptions for asthma and initiating inhaled corticosteroids (ICS) therapy as either extra-fine (EF) ciclesonide or standard-particle (SP)-ICS

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Background

Asthma management guidelines suggest little difference between EF and SP-ICS other than potency and therefore EF-ICS should be used at same dose as fluticasone (FP) and half the dose of SP-beclomethasone (BDP). Cohort studies suggest EF-BDP patients can achieve better asthma control than FP patients at lower doses. We compared baseline characteristics and first prescribed doses of patients initiating ciclesonide vs. SP-ICS.

Methods

Data from the PHARMO Database Network (pharmacy and hospital discharge records) on patients (12-60 years old) with ≥2 prescriptions for asthma therapy (2005-2012) were compared over 1 year before initiating ciclesonide vs SP-ICS. Co-morbidities were evaluated over 1 year before and after ICS initiation. To avoid inclusion of potential COPD patients, those >60 years old and those using long-acting muscarinic antagonists were excluded. Sex and age at ICS initiation; initial ICS doses (actual prescribed doses); short-acting β2-agonists (SABA) use (year before initiation); prescriptions for acute oral steroids and overall asthma control (no hospital admissions, no acute oral steroids and ≤200mcg/day salbutamol) in the year prior and including initiation date; and prescriptions of drugs for treating co-morbidities (year before and after initiation) were compared using t-test/chi-square test ($p<0.05$).

Results

Of 4,064 patients, 34% initiated therapy as ciclesonide and 66% as SP-ICS, with same proportion of males (36%). Differences ($p<0.001$, unless otherwise specified) for ciclesonide vs. SP-ICS were: mean(±SD) age (43±13 vs. 38±14 years); median(Inter Quartile Range) initial ICS doses 160(160-160) vs. 500(250-500) μg; proportion of patients not on SABA (72% vs. 57%) and on SABA daily dosage between 1-100 μg/day (21% vs. 29%), 101-200 μg/day (5% vs. 9%) and >200 μg/day (2% vs. 6%); proportion of patients not prescribed acute oral steroids (90% vs. 88%, $p=0.016$) and with controlled asthma (87% vs. 82%); proportion of patients prescribed nasal (44% vs. 38%) and topical (31% vs. 28%) steroid preparations, proton-pump inhibitors (41% vs. 29%) and cardiac diseases or hypertension drugs (28% vs. 21%).

Conclusions

For comparable asthma control and similar prevalence of co-morbidities, patients were prescribed triple the dose of SP-ICS versus ciclesonide. Further to this analysis, the effects on asthma control in the year following ICS initiation will be investigated.

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