AHRQ assesses evidence for best management of COPD exacerbations

The summary of an evidence report issued by the Agency for Healthcare Research and Quality (AHRQ) offers a preview of a soon-to-be-published clinical practice guideline on the management of acute exacerbations of chronic obstructive pulmonary disease (COPD).

According to the summary, based on a report developed by the Duke University Evidence-based Practice Center under contract to AHRQ, currently used therapies benefit some, but not all, adults having an acute exacerbation of COPD. AHRQ said that the report served as the basis for an upcoming clinical practice guideline developed by the American College of Physicians–American Society of Internal Medicine and the American College of Chest Physicians.

The evidence shows that antimicrobial treatment of acute exacerbations improves pulmonary function, but patients with more evidence of bacterial infection—purulent sputum—and more severe illness—a worsened peak expiratory flow rate—tend to reap greater benefit than other patients.

Inhaled ipratropium bromide and β₂-agonists have similar bronchodilating effects but do not conclusively outperform placebo or no treatment. Although ipratropium generally produces fewer adverse effects than β₂-agonists do, the anticholinergic agent must be used cautiously in patients with urinary retention. Because patients having an acute exacerbation of COPD may be unable to hold their breath, nebulizers may be necessary to deliver bronchodilator therapy. The anticholinergic agent glycopyrrolate may act synergistically with a β₂-agonist to improve bronchodilation. Injectable aminophylline, compared with placebo, does not improve forced expiratory volume in one second or hospitalization or relapse rates.

There is strong evidence that patients hospitalized because of an acute exacerbation of COPD benefit from a course of systemic corticosteroids, but the optimal dosage and duration are not clear. Dosages as low as prednisone 30 mg/day and durations as short as three days have been effective; two- and eight-week courses of systemic corticosteroids have been similarly effective. Among patients with acute exacerbation of COPD the most common adverse effect of systemic corticosteroids is hyperglycemia. Inhaled corticosteroids have not been adequately tested in this patient population.

Potassium iodide, a mucolytic agent, does not improve ventilatory function in patients with acute exacerbation of COPD.

AHRQ expects the clinical practice guideline to be published this winter in Annals of Internal Medicine and Chest.

—CAT

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sives, anti-infectives, gastrointestinal agents, and nonsteroidal anti-inflammatory drugs. The pharmacists will provide physicians with the latest information on the status of brand-name products and the availability of new generics.

Smith said Merck-Medco has been effective at encouraging generic use—“We have an 89% rate of generic substitution at the mail service pharmacy level”—but that the Generics First program goes further by making samples available at the point of care. “It touches on several levels: convenience, value, and the education component—getting past that hurdle of trial” [getting the physician and patient to try a generic].

“We’ve talked to a lot of doctors and a lot of our clients, and everybody feels this is a win–win, not only for our clients but for their patients,” Smith said. “If we can keep this ball rolling and get generics used more, it will drive down copay for the patients, and it’s good for the entire industry, because if people are using more generics and keeping the drug trend and spend down, there is head room for growth for the new blockbuster drugs coming on the market—now there will be monies available from health plan sponsors to pay for some of these blockbuster drugs that are being developed.”

—NTL

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Appointments & Promotions

David M. Angaran, M.S., has been appointed Vice President of Business Development, Chronimed Inc., Minneapolis, MN.