



Monitoring Effectiveness of Therapy	Serious Adverse Events
<p>The 2003 CTS Recommendations suggest the following questions can help clinicians evaluate the effect of therapy:</p> <ul style="list-style-type: none"> • “Did the new treatment help your breathing?” • If the answer is yes then ask “In what way has it helped you?” • A response indicating that the patient can perform tasks with less breathlessness or for longer periods of time indicates benefit. • If there is no subjective benefit then options include <ul style="list-style-type: none"> • Assess compliance (including inhaler technique). • Alter the dose (if appropriate). • Discontinue the drug and monitor for symptomatic deterioration. Recommence the drug if deterioration occurs. <p>Our content expert suggests:</p> <ul style="list-style-type: none"> • Patients on bronchodilators be encouraged to increase their physical activity as much as possible to maximize benefit. • Keep a patient on therapy even if they have no symptomatic improvement if preventing recurring exacerbations is a consideration. 	<p>Recent publications have addressed the following serious adverse events in COPD patients.</p> <p>Mortality</p> <ul style="list-style-type: none"> • Evidence that <u>IPRA</u> is associated with increased mortality is inconsistent. • <u>TIO, LABAs, and ICS</u> do not appear to be associated with increased mortality. <p>Cardiovascular events</p> <ul style="list-style-type: none"> • Evidence that <u>anticholinergics</u> are associated with increased cardiovascular events is inconsistent. <p>Pneumonia</p> <ul style="list-style-type: none"> • <u>ICS</u> alone or in combination with LABA is associated with an increased risk of pneumonia. <p>Fractures and cataracts</p> <ul style="list-style-type: none"> • <u>ICS</u> alone or in combination with LABA does not appear to increase fractures or cataracts in COPD. However, the longest duration of therapy was 3 years and not all studies were designed to measure these outcomes. <p>Refer to product monographs for complete list of adverse events.</p>

Inhalation Therapies Cost per month



Legend: SALB = salbutamol 2 inhalers; IPRA= ipratropium 60 mcg (3 puffs) qid; FORM = formoterol 12 mcg bid; SALM = salmeterol 50 mcg bid; TIO = tiotropium 18 mcg daily; SALM+FL = salmeterol 50 mcg+fluticasone 500 mcg bid in one inhaler; TIO+SALM+FL = tiotropium 18 mcg daily plus salmeterol 50 mcg+fluticasone 500 mcg bid in one inhaler; LABA = long-acting beta₂agonist; LAAC= long-acting anticholinergic; ICS = inhaled corticosteroid.

*Not officially indicated for COPD in Canada

Wholesale prices from McKesson Canada February 2009 – do not include dispensing fee.