Changes in Therapeutic Management of COPD between 2006 and 2011: French Claims Data

Laforest Laurent,1,2 Marine Ginoux,1 Manon Belhassen,1 Philippe Ya,1 Gilles Devouassoux,2 Nicolas Roche,3 Christos Chouaid,4 Eric Van Ganse1,2
1 Lyon Pharmaco-Epidemiology unit - UMR CNRS 5558 LBBE - Claude Bernard Lyon 1 University, France. 2 Respiratory Medicine, La Croix-Rousse University Hospital, Lyon, France. 3 Respiratory and Intensive Care Medicine, Hôtel-Dieu Hospital, Paris Descartes University, Paris, France. 4 Respiratory Medicine, Creteil University, Creteil, France.

Context

The management of COPD has changed in recent years, with the launch of new therapies.

We sought to determine in a cohort of COPD patients with continuous follow up the changes in dispensed therapy over a 6-year period.

Results

Respiratory therapy

A decrease in the frequency of annual users of LABAs (from 33.8 % to 23.5%, SAMA/SABA fixed combinations (from 22.2 % to 7.7%) and inhaled corticosteroids (from 43.5 % to 33.6%), between 2006 and 2011 (Fig. 1 & 2).

Decrease in favor of LABA/ICS fixed combinations (from 43.3% to 50.8%) and LAMAs (from 13.6% to 24.7% (p<0.0001).

Non-specific therapy for respiratory disorders

Dispensing levels of antibiotics and systemic corticosteroids remained high (68.1% and 46.2% in 2011, respectively), without any noticeable change over time (Fig. 3).

No other significant change in other drugs, except an isolated peak of frequency in 2009 for vaccines.

Therapy for comorbid diagnoses

Proportion of patients under cardiovascular drugs marginally increased during follow-up, possibly due to the appearance of comorbid condition with ageing (Fig. 4).

Dispensing levels of anxiolytics, antidepressant and antitussives not significantly changed over time (Fig. 5).

Conclusions - Discussion

In these 3838 patients with a continuous follow-up from 2006 until 2011:

Dispensing of LAMAs and, to a lesser extent LABA/ICS fixed combinations, significantly increased at the expense of LABA, ICS, SABA/SAMA fixed combinations. Changes can be attributed to either:

- a worsening of patients’ respiratory condition with time.
- changes in medical practice such as the emergence of new therapy (LAMAs, U-LABAs).

No significant changes observed for short-acting bronchodilators (SABAs, SAMAs), non specific therapy for respiratory disorders or drugs for comorbid diagnoses.

Some limitations acknowledged:

- Analyses restricted to patients with a 6-year follow-up documented in the database, excluding those who died during this period.
- Presence of asthmatics can not be excluded, given the absence of diagnoses in the database and the selection of patients on bronchodilator dispensings.

Acknowledgments

This study was supported by a non conditional grant from GlaxoSmithKline France. There was no conflict of interest for any co-authors with regards to this study.

Contact

Dr Eric Van Ganse
eric.van-ganse@univ-lyon1.fr