



The right treatment for the right patient with COPD: lessons from the IMPACT trial

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Different patient characteristics have to be considered for prescription of triple therapy in COPD
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Long-acting bronchodilators are the basis of treatment for COPD [1]; however, there are some patients who suffer from frequent or severe exacerbations, despite maximal bronchodilation [2]. These patients are at increased risk of death and represent a great challenge in clinical practice [3]. Inhaled corticosteroids (ICS) are the basis of the treatment of asthma and are also effective, albeit to a lesser extent, in some patients with COPD [4]. Generally speaking, ICS are indicated in patients with COPD and exacerbations, despite bronchodilator treatment [1]. However, not all COPD patients respond to ICS and the long-term use of ICS in COPD may be associated with several side-effects [5, 6]. Therefore, the use of ICS for the prevention of exacerbations in COPD should not be a treatment “by default” and must be guided by criteria based on evidence [7]. In this respect, the InforMing the Pathway of COPD Treatment (IMPACT) study has provided very relevant information about the proper use of ICS, either in combination with a long-acting β_2 -agonist (LABA) or in triple therapy with a LABA and a long-acting antimuscarinic agent (LAMA) [8]. The IMPACT trial included 10355 patients with COPD, randomised to receive a once-daily combination of fluticasone furoate (FF), umeclidinium (UMEC) and vilanterol (VI) (triple therapy), FF/VI or UMEC/VI, all administered in a single Ellipta inhaler during the 52-week study. The primary outcome was the annual rate of moderate or severe COPD exacerbations during treatment. The rate of exacerbations with triple therapy was a significant 15% lower compared with the FF/VI group and 25% lower compared with the UMEC/VI group, and there was a significantly higher incidence of pneumonia in the ICS groups than in the UMEC/VI group [8].