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PAPER OF THE MONTH • JUNE 2018



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The NEW ENGLAND JOURNAL of MEDICINE

Editorial

Making Sense of Triple Inhaled Therapy for COPD

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Guidelines for the treatment of chronic obstructive pulmonary disease (COPD) have consistently recommended either long-acting muscarinic antagonists (LAMAs) or long-acting inhaled beta-agonists (LABAs) as initial maintenance therapy. If disease control is not achieved, as manifested by inadequate lung function and disease exacerbations, guidelines recommend their combined use. The role for inhaled glucocorticoids in this treatment guideline has been the object of much debate because of their modest effectiveness and concerns about safety, particularly the risk of pneumonia.

The Informing the Pathway of COPD Treatment (IMPACT) trial was intended to determine whether so-called triple inhaled therapy, combining all of the above treatments, could achieve better outcomes. However, the selected trial patients were not the natural population in which to study this question, potentially artificially inflating the observed effectiveness of the triple-therapy inhaler over dual bronchodilator treatment. As such, the IMPACT trial falls short of providing the awaited robust evidence to better understand the potential for stepping up to single-inhaler triple therapy in clinical practice. Until further evidence is available, the authors recommend that clinicians rely on existing guidelines, resorting to inhaled glucocorticoids only for more symptomatic patients with frequent exacerbations.