

Key Findings of Indacaterol/Glycopyrronium in COPD



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COPD is a condition characterized by progressive dyspnoea and thus reduction of dyspnoea is a key goal of therapy in COPD. However symptoms of dyspnoea are closely related to exacerbation frequency. Dual bronchodilators including a LABA and LAMA are the initial therapy in COPD and by reducing hyperinflation and dyspnea are also likely to reduce exacerbations.

The SPARK study was the first study to explore the effect of a daily inhaled dual bronchodilator compared to a LAMA only on exacerbation rates. The results showed reduced exacerbations on the dual bronchodilator (indacaterol/glycopyrronium) compared to the LAMA (glycopyrronium)>. There was also a comparison with the LAMA tiotropium, but the study was not powered for 3 arms. The dual bronchodilator also had advantages with respect to quality of life.

LABA/ICS used to be the standard of care in COPD and the FLAME study compared once daily inhaled indacaterol/glycopyrronium with inhaled Salmeterol/fluticasone given twice daily. There was a reduction in exacerbations on the dual bronchodilator compared to LABA/ICS and improvements in quality of life and symptoms on the dual bronchodilator. These results led to the recognition of dual bronchodilators as first line therapy in COPD and incorporated into guidelines.