Triple dual therapy significantly improves lung function, quality of life in COPD patients

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The InforMing the PAthway of COPD Treatment (IMPACT) study was conducted to assess the benefits of triple versus dual therapy in patients with COPD. In a study at *CHEST*, researchers found that regardless of baseline reversibility, the usage of triple dual therapies significantly reduced the annual rate and moderate-to-severe and severe exacerbations, improved lung function and overall quality of life in patients.

The randomized, double-blind, parallel-group, global study was conducted in 10,355 symptomatic patients with COPD with a history of moderate-to-severe exacerbations over a 52-week period. During the screening, patient was defined as reversible through differences shown between their pre- and post-albuterol assessments of forced expiratory volume in 1 second (FEV1) of ?12 percent and ?200 mL. Researchers also assessed the effect of baseline reversibility on treatment response with fluticasone furoate (FF)/umeclidinium (UMEC)/vilanterol (VI) and with FF/VI and UMEC/VI. The lung function and quality of life (QoL) of patients were measured by St George Respiratory Questionnaire (SGRQ) and observed for FF/UMEC/VI over UMEC/VI independent of reversibility status at screening.

During screening, 18 percent of patients demonstrated reversibility. In both reversible and nonreversible patients, there was a statistically significant reduction in the rate of moderate and severe exacerbations

with FF/UMEC/VI as compared to UMEC/VI. They also found a reduction in the risk of having a moderate/severe exacerbation and the risk of having a severe exacerbation in both groups of patients. Quality of life was also improved in both reversible and non-reversible patients.

More information: ROBERT WISE et al, TREATMENT EFFECTS OF FF/UMEC/VI VS FF/VI AND UMEC/VI IN REVERSIBLE AND NONREVERSIBLE COPD PATIENTS: ANALYSES OF THE IMPACT STUDY, *Chest* (2018). DOI: 10.1016/j.chest.2018.08.662