Role of combination inhaled corticosteroids and long acting beta agonists in the treatment of adult asthma

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Authors' objectives
The aim of this report is review the available information on the use of inhaled corticosteroids, combined in an inhaler with a long acting beta agonist, for treatment of persistent asthma (fixed dose combinations in one inhaler are available as fluticasone/salmeterol [TM: Advair, GlaxoSmithKline] or budesonide/formoterol [TM: Symbicort, AstraZeneca]).

Authors' conclusions
The primary limitation to the rapid uptake of combination inhalers is cost. Two analyses, based on economic modelling, suggest that combination ICS/LABA (inhaled corticosteroid/long acting beta agonist) therapy is cost-effective compared with ICS monotherapy in a subset of patients. A formal economic analysis comparing treatment with combination ICS/LABA inhalers to treatment with ICS inhalers and LABA inhalers is unavailable. Until such an evaluation is done, the relative value of combination ICS/LABA inhalers in mild persistent asthma is unknown.

Combination ICS/LABA inhaler therapy has theoretical clinical and proven compliance benefits. Substituting a combination ICS/LABA inhaler for two separate inhalers will ensure that the LABA is not taken in isolation and can result in improved outcomes.

There is evidence that maintenance therapy with a combination ICS/LABA inhaler improves clinical outcomes and reduces airflow obstruction in patients with persistent asthma, who are not well controlled even when using ICS maintenance therapy. There is evidence that combination ICS/LABA inhalers may play a role in initial maintenance therapy for patients with mild persistent asthma, who have never used ICS therapy. There is no evidence for combination therapy in intermittent asthma.

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