

Statins May Reduce ED, Hospital Visits for Asthma

BY KERRI WACHTER

WASHINGTON — The use of statins was associated with a 33% reduction in the risk of emergency department visits and hospitalizations among adult asthma patients in a retrospective study of more than 6,500 patients.

Statin use in the previous 12 months was independently associated with a significant 33% relative risk reduction for recurrent asthma-related ED/hospitalization events over 12 months.

The findings were based on a model that adjusted for factors such as age, gender, ED/hospitalization events in the prior 12 months, and asthma therapy in the prior 12 months, Eric Stanek, Pharm.D., reported at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

Dr. Stanek of Medco Health Solutions Inc. and his colleagues used data from the Medco National Integrated Database, which includes more than 12 million individuals. Adult patients were included if they had received inhaled corticosteroid therapy between January 2006 and December 2006, and

if they had at least one ED/hospital visit for asthma in the 12 months before the index steroid prescription.

The study included 6,574 patients, of whom 2,103 had received concomitant statin therapy. The statin group was older, more likely to be male, and less likely to have had at least two asthma ED/hospitalization events in the previous 12 months. The most commonly prescribed statin was atorvastatin (42%), followed by simvastatin (25%).

In a univariate analysis, incidence of ED/hospitalization events was 29.4% in statin-unexposed patients and 20.5% in statin-exposed patients (odds ratio 0.62). The odds ratio was 0.67 in a multivariate analysis.

Statins are thought to exert anti-inflammatory effects that may have a positive impact on asthma. The findings support the hypothesis that "statins may improve clinical outcomes in adults with asthma," Dr. Stanek said.

Dr. Stanek reported that he has no relevant financial conflicts of interest, but noted that his employer, Medco Health Solutions Inc., has contracts with several pharmaceutical companies. ■

Short-Acting Beta₂-Agonist Threshold: 6 Canisters/Year

BY HEIDI SPLETE

WASHINGTON — Children with asthma who used 6 or more canisters of short-acting beta₂-agonists in a year had twice the risk of asthma exacerbation, compared with children who used fewer than 6 canisters, based on results of a database review of more than 33,000 children aged 6-17 years.

Studies have shown an association between increased use of short-acting beta₂-agonists (SABAs) and asthma exacerbation in children, but a threshold for high SABA use has not been established, said Christopher M. Blanchette, Ph.D., of Lovelace Respiratory Research Institute in Kannapolis, N.C.

Dr. Blanchette and his colleagues reviewed data from 33,951 children with asthma who were continuously enrolled for 2 years in the PharMetrics Patient-Centric Database (a pool of more than 70 commercial health insurance plans) between July 1, 2003, and June 30, 2007. The researchers excluded children with chronic obstructive pulmonary disease, bronchitis, cystic fibrosis, and other conditions that required oral corticosteroids. Average age was 11 years.

Asthma exacerbation was determined by any or all of the following: oral corticosteroid prescriptions, urgent care or emergency department visits for asthma, and hospitalizations for asthma.

Overall, most (70%) children used 0-2 canisters per year. A total of 24% of

the children used no canisters, 46% used 0.5-2 canisters, 23% used 2.5-6 canisters, 5% used 6.5-12 canisters, and 2% used more than 12 canisters, according to the results presented at annual meeting of the American Academy of Allergy, Asthma, and Immunology.

A total of 3,147 children (9%) used 6 or more SABA canisters, which was significantly associated with asthma exacerbation. In addition to a doubled risk of asthma exacerbation, children who used 6 or more canisters per year were more than three times as likely to be hospitalized or to have emergency department or urgent care visits, compared with children who used 0-5 canisters.

The study was limited by a lack of control for all potentially confounding factors, including the use of inhaled corticosteroids, the researchers wrote. The most common comorbidities were allergies or allergic rhinitis (35%), acute pharyngitis (25%), and acute upper respiratory infections (22%).

Although most of the children in the study did not meet the threshold associated with increased risk, the findings highlight the need for physicians to watch for the overuse of SABAs as a sign of uncontrolled asthma and adjust treatment accordingly to reduce the risk of exacerbation. The study was sponsored by AstraZeneca PLC. ■

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