

Budesonide/Formoterol **A Viewpoint by Paul W. Jones**

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Budesonide/formoterol is a fixed-dose combination of the corticosteroid budesonide and formoterol, a long-acting β_2 -agonist, inhaled as a dry powder.

Current guidelines for chronic obstructive pulmonary disease (COPD) recommend a long-acting β_2 -agonist for patients whose symptoms are not controlled by short-acting bronchodilators and inhaled corticosteroids, and for those with more severe airway obstruction and frequent exacerbations.

Two large, randomised, double-blind, 12-month trials have examined the effect of budesonide/formoterol 320/9 μ g twice daily in COPD patients who meet these criteria. The studies were identical, except that in one the patients received oral prednisolone 30 mg/day and inhaled formoterol 9 μ g twice daily for 2 weeks before randomisation.

In terms of the forced expiratory volume in 1 second (the primary outcome), budesonide/formo-

terol produced an effect greater than budesonide alone in both studies and greater than formoterol alone in one. The combination was generally more effective than either of the components in terms of peak expiratory flow, symptoms and exacerbations. The advantage over budesonide alone was a little more consistent than the advantage over formoterol alone.

Gains in health-related quality of life in all three active-treatment arms were greatest in the study that included the 2-week 'treatment intensification' period. In that study, budesonide/formoterol was more effective than either of the components given alone.

In patients with severe COPD and frequent exacerbations, budesonide/formoterol produced consistently greater effects in a range of outcomes than the components alone. It is an effective treatment for COPD, a disease that until recently has largely been thought of as being unresponsive to pharmacotherapy. ▲