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| **Cumulative dispensing of oral corticosteroids over 12 months in COPD** |
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| **Introduction/Aim:** Use of oral corticosteroids (OCS) is an effective treatment recommended for management of exacerbations in people with COPD; however, high cumulative lifetime doses (≥1000mg prednisolone-equivalent) are associated with serious adverse health effects. The importance of this issue is well defined in asthma, but is less well understood in COPD. The aim of this study was to examine cumulative dispensing of OCS in people with COPD in the 12 months following pulmonary rehabilitation.  **Methods:** This retrospective study used Pharmaceutical Benefits Scheme data for people with a confirmed diagnosis of COPD for 12 months following pulmonary rehabilitation.  **Results:** Data for232 participants (126 females, age mean 68±SD 9 years, FEV1 53±22 %predicted) demonstrated that 52% (n=120) were not dispensed OCS over 12 months. 26% (n=62) of participants were dispensed ≥1000mg; 11% (n=7) were dispensed ≥1000mg within the first month of the 12-month study period and 63% (n=39) were dispensed ≥1000mg within the first six months. For participants dispensed ≥1000mg, 43% (n=26) were also dispensed adequate inhaled corticosteroids (dose sufficient for ≥300 days) for ongoing management over the same period. For participants who were dispensed OCS more than once, 88% (n=56/64) were dispensed OCS again within 90 days. Overall, 44% of OCS scripts (180/405) were dispensed within 0-1 day of prescription and were a higher dose (median 750±IQR 300-750mg) compared to scripts filled 2 or more days after prescription (median 300±IQR 300-750mg; p=0.001). Of participants with relevant comorbidities, 36% of participants with diabetes (n=14/25) and 40% of participants with osteoporosis (n=19/35) were dispensed ≥1000mg over 12 months.  **Conclusion:** People with COPD who have undertaken pulmonary rehabilitation were dispensed potentially unsafe cumulative lifetime doses of OCS over 12 months. Future work is required to further elucidate the magnitude and clinical significance of this issue in the management of people with COPD.  **Grant Support:** NHMRC project grant (GNT 1101616) and fellowship (Cox GNT 1119970) |