# Perspectives of physicians on using Erdosteine for managing patients of chronic respiratory diseases with or without excessive sputum production – The ERDO Survey

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# **Abstract:**

# **Background:**

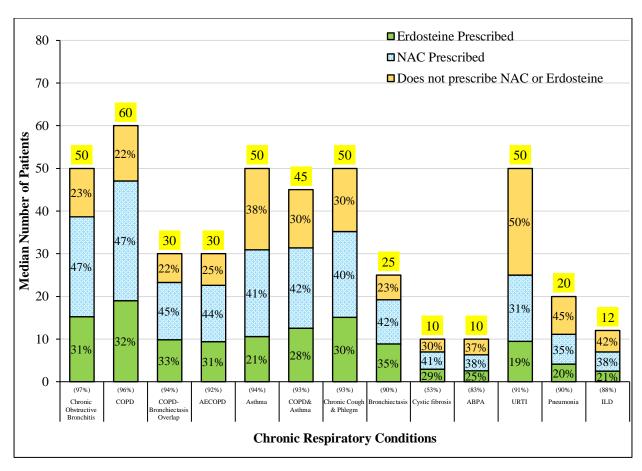
Mucus hypersecretion in chronic respiratory diseases (CRDs) leads to airway obstruction, persistent cough, recurrent infections and progressive lung damage. Erdosteine, a novel thiol derivative, has demonstrated better efficacy and safety, with benefits in CRDs by reducing exacerbations, improving mucus clearance, and enhancing overall respiratory function. This survey aimed to evaluate the utilization pattern and doctors' perspectives on erdosteine in the management of CRDs across India.

# Methodology:

A multicentric, digital questionnaire-based survey was conducted among pulmonologists who had prescribed erdosteine for at least one month across 28 states and union territories of India. The survey questionnaire was shared after explaining the objectives and protocol and obtaining informed consent. The data was analysed using SPSS.

# **Results:**

407 pulmonologists (average of 14.9 years of clinical practice) participated in the survey. 51.35% had prescribed erdosteine for 1–3 months and 48.65% for > 3 months. 76.17% and 69.29% of pulmonologists rated erdosteine's mucolytic and antioxidant properties, respectively, as its most important therapeutic action. The conditions in which erdosteine was prescribed included COPD-bronchiectasis overlap (33%), COPD (32%), chronic obstructive bronchitis (31%), and bronchiectasis (35%). It's mucolytic effect, ability to reduce mucus production, reduce exacerbations, and improve quality of life were rated as the most important reasons by the doctors for prescribing erdosteine. The most common prescribed dose was 300 mg twice daily (89.2% of pulmonologists). Doctors found erdosteine more readily available (52.833%), more effective (36.12%), easier to use (35.38%), and better tolerated (30.951%).



**Figure 1:** Average (median) number of patients seen by clinicians per month and prescription pattern of Erdosteine and NAC in those patients.

# **Conclusion:**

Pulmonologists in India are increasingly incorporating erdosteine into the management of CRDs. Pulmonologists highly rated erdosteine for its mucolytic and antioxidant properties, as well as its effectiveness in reducing exacerbations and improving quality of life. Doctors also reported that erdosteine is more readily available, effective, easier to use and better tolerated.

**Keywords:** Erdosteine, Chronic Respiratory Diseases (CRDs), NAC.

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