

## UNDERSTANDING THE USAGE OF TRIPLE THERAPY FOR COPD IN INDIA: THE SUPREME SURVEY

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**Background:** GOLD guidelines recommend using triple therapy in COPD patients with frequent exacerbations and high eosinophil counts. Various triple therapy combinations are now available in India.

**Objectives:** Understanding patient profiles, trends in prescription patterns and factors governing choice of drugs in triple therapy for COPD management.

**Methods:** Questionnaire-based survey was conducted among Indian clinicians treating COPD.

**Results:** 315 clinicians (72.1% pulmonologists) participated in the survey. Proportion of non-smoking COPD was reported as >30% by 24.8% and 10-30% by 45.1% respondents. The proportion of patients in Groups A, B & E were reported to be 24.3%, 33.8% & 41.8% of patients respectively. LABA/LAMA was most prescribed therapy for smoking & non-smoking

COPD at first presentation. Proportion of COPD remaining uncontrolled while on LABA/LAMA was reported as >30% by 42.9% clinicians for smoking COPD patients and 34.6% clinicians for non-smoking COPD. 54% & 50.2% clinicians stated > 30% of their smoking & non-smoking COPD patients respectively receive triple therapy. Respondents were more likely to prescribe triple therapy for patients who continued to exacerbate/had persistent dyspnea on LABA/ICS, on LABA/LAMA with frequent exacerbations irrespective of eosinophil count, persistent dyspnea on LABA/LAMA, rapid decline in lung function despite therapy, and GOLD E patients. 66.7% preferred single inhaler triple therapy & 73.7% preferred twice-daily dosing regimen. 71.1% preferred a combination of Budesonide/Glycopyrronium/Formoterol. 86.3% preferred to step-down smoking COPD patients to LABA/LAMA in well-controlled state; for non-smoking COPD, this step was opined by 91.4%. 85.1% & 61.5% preferred using triple therapy containing lower dose of steroid as initial & regular maintenance therapy (>30% patients) respectively, due to Indian burden of tuberculosis.

**Conclusions:** Significant proportion of patients on LABA/LAMA remain uncontrolled, calling for a step-up to triple therapy. Budesonide/Glycopyrronium/Formoterol was most preferred triple therapy combination. Low-dose steroid based triple therapy was considered desirable, considering Indian burden of Tuberculosis.

**Key Words:** COPD, budesonide/glycopyrronium/formoterol, India

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