Comparison of Patient Adherence to Intranasal Corticosteroids by Pressurized Metered-Dose Inhaler Versus Aqueous Formulations

Leopre M1, Lang D2, Cox L3, Hankin CS4, Wang Z2, Bronstone A1, Buck PO2

1 Teva Pharmaceuticals, Inc, Horsham, PA; 2 Cleveland Clinic, Cleveland, OH; 3 Nova Southeastern University School of Osteopathic Medicine, Fort Lauderdale, FL; 4 BioMedEcon, LLC, Moss Beach, CA

ABSTRACT

Introduction: Intranasal corticosteroids (INS) for the treatment of AR were selected for this study because they are frequently used to treat AR in primary care settings. However, little is known about the persistence of adherence to INS. The primary objective of this study was to compare adherence to INS formulations among patients newly diagnosed with AR. The secondary objective was to compare the persistence of adherence to INS between the new and current formulations.

METHODS: Retrospective cohort study of newly diagnosed AR patients (N=390) who initiated therapy with pMDI (N=195) or INS (N=195) between 6/30/00 and 12/31/01. A-INS (N=390) was defined as those patients who initiated therapy with A-INS, regardless of whether or not they also received A-INS for the treatment of other conditions. Patients were matched by age at diagnosis, sex, comorbidity, and allergy-related comorbidities. Outcomes were time to discontinuation of INS therapy and number of refills were used for statistical analysis. Adherence was assessed by matching of medication attributes and patient preferences, improving adherence and reducing discontinuation. Results: A total of 390 patients were enrolled. A-INS was significantly more adherent to treatment (94%) than INS (71%). The median gap between fills was significantly shorter for the A-INS and A-INS formulation (Table 4).

Conclusions: This study demonstrates the importance of adherence and persistence of adherence to INS formulations among patients newly diagnosed with AR.

REFERENCES


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Mark Lepore, MD
mark.lepore@tevapharm.com

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