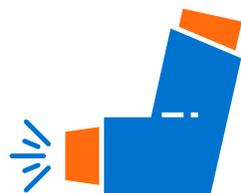


Switching Inhalers in COPD

Should I change the inhaler or the medication?

FOR CLINICIANS



85% OF CLINICIANS CONSIDER INHALER TYPE AN IMPORTANT FACTOR

when making decisions about maintenance therapies (CHEST-BI survey).¹

IN A STUDY OF 216 PATIENTS WITH COPD OR ASTHMA, UP TO 70% MADE ERRORS RELATED TO INHALATION.

Overall, 59% made at least one inhaler-use error, which could affect treatment efficacy.²



According to GOLD, **clinicians should consider switching either a patient's inhaler or medication within the same class if treatment is inadequate**—before this is done, assess inhaler technique and adherence.³



Some of the most common inhaler technique errors relate to patient inhalation and include problems with inhalation duration, coordination, exhalation maneuver before inhalation, breath-holding following dose inhalation, and inspiratory flow.³



In patients with COPD, **poor inhaler technique—including errors related to inhalation—contributes to poor treatment adherence**, which can be associated with **worse symptom control** and **health-related quality of life**.⁴⁻⁶



Inhaler technique—including the patient's inhalation ability—should be assessed regularly to determine whether the patient requires training or a device switch, and **physicians often rely on their support staff (eg, nurses, respiratory therapists) to do this assessment**.^{3,7,8}

It is important for health-care providers to be familiar with multiple different inhaler devices to allow for flexibility in selecting the device best suited to each patient.⁹

Could your patient's struggle to use their inhaler be affecting their outcomes?
Talk with your patient and your staff to assess whether it might be time for a device switch.

To learn more, go to chestfoundation.org

References:

1. Data on file. Boehringer Ingelheim Pharmaceuticals, Inc. 2. Takaku Y, et al. *Respir Med*. 2017;123:110-115. 3. Global Initiative for Chronic Obstructive Lung Disease. 2021 report. https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1-25Nov20_WMV.pdf. Accessed November 23, 2020. 4. Sulaiman I, et al. *Am J Respir Crit Care Med*. 2017;195(10):1333-1343. 5. Bosley CM, et al. *Eur Respir J*. 1996;9:2346-2350. 6. Melani AS. *Respir Med*. 2012;106(5):668-676. 7. Kaplan A, et al. *Can Respir J*. 2018;9473051. 8. Leung J, et al. *Can Respir J*. 2015;22(5):266-270. 9. Chapman KR, et al. *Eur Respir Rev*. 2005;14:117-122.

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