

Real-world effectiveness of once-daily fluticasone furoate plus vilanterol in the maintenance treatment of asthma: The Salford Lung Study

Guidelines for the routine management of medical conditions, including asthma, are based on efficacy from randomised controlled trials in highly selected and closely monitored patient populations, thereby limiting their relevance to everyday clinical practice. This is particularly important in asthma, where issues relating to compliance, inhaler technique and comorbidities can influence patients' response to treatment. This necessitates the need for integrated comparative effectiveness trials to be conducted in more representative patients in routine care settings.

Woodcock *et al.*^[1] investigated the effectiveness of fluticasone furoate plus vilanterol (FF/VI) on asthma control in clinical practice in an open-label, parallel group, randomised controlled trial set in the town of Salford in the United Kingdom. Participants were allocated to receive one of two experimental treatments: the combination of 100 µg fluticasone furoate and 25 µg vilanterol, or 200 µg fluticasone furoate and 25 µg vilanterol, according to the general practitioner's assessment of severity. The treatments were administered once daily as a dry powder, through the novel Ellipta device, or continuation of optimised usual care. They used the well-validated Asthma Control Test as the primary instrument of asthma control; an improvement of 3 is considered the minimal clinical difference, while a score of ≥ 20 suggests that asthma is likely to be well controlled. Taking the latter two parameters into consideration, they showed that patients on the FF/VI regimens had twice the likelihood of achieving asthma control ($p < 0.001$ in 74% of subjects) compared with those receiving usual care (60%).

In addition, the quality-of-life measurements, work productivity and activity impairment questionnaires also demonstrated improvements in favour of FF/VI. The incidence of serious adverse events was not increased with the new agents.

In a similar effectiveness trial by the same group,^[2] the combination of FF/VI was shown to be associated with a lower rate of exacerbations when compared with usual care in patients who also had COPD. Their effectiveness study emphasises the potential benefits of the combination of FF/VI administered once daily to asthma patients in a wider practice setting. Poor compliance with complicated regimens is not uncommon among asthmatic patients; a once-daily regimen with more potent agents in a device that is easier to use could ameliorate this problem.

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