



Preference Differences Between Patients and Pulmonologists Regarding Inhalation Devices for COPD

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INTRODUCTION

- Inhaled medications are preferred for COPD as they target the airway for direct bronchodilator and/or anti-inflammatory activity
- Many devices are available to deliver inhaled medications and meet patient's preferences such as: pressurized metered dose inhalers (pMDIs), dry powder inhalers (DPIs), soft mist inhalers (SMIs), and hand-held small volume nebulizers (SVNs)
- Currently, no guidelines or strategies recommend which delivery device to use, and which patient type would differentially benefit from one delivery device over another
- Healthcare professionals are solely responsible for matching a prescribed device to patients as well as to provide the necessary training
- The purpose of this study was to determine preferences of pulmonologists and COPD patients regarding delivery systems

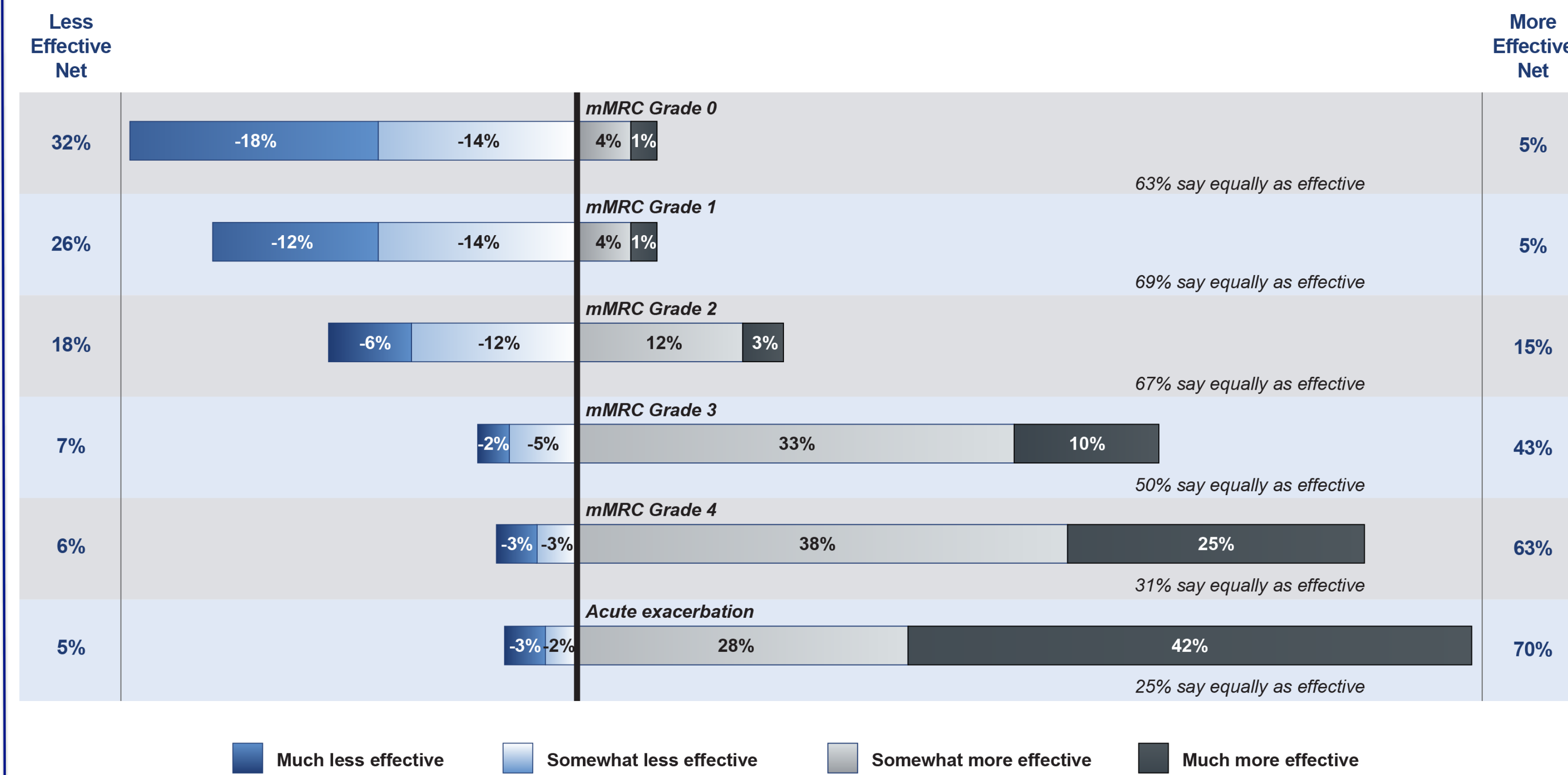
METHODS

- Two online surveys were designed by a steering committee including ATS clinicians and scientists and conducted by Harris Poll between January 7 and January 29, 2016
- Pulmonologist Survey
 - US pulmonologists and pulmonary fellows
 - Solicited via email from the ATS membership roster as well as from attendees of the ATS 2014 and 2015 International Conferences
 - All had previously indicated "COPD" as a topic of interest
- Patient Survey
 - Recruited in the USA from the Harris Poll Online Panel and previously identified themselves as having a diagnosis of COPD
 - At least 40 years of age
- Data were not weighted and are therefore representative only of the individuals who completed the survey

RESULTS

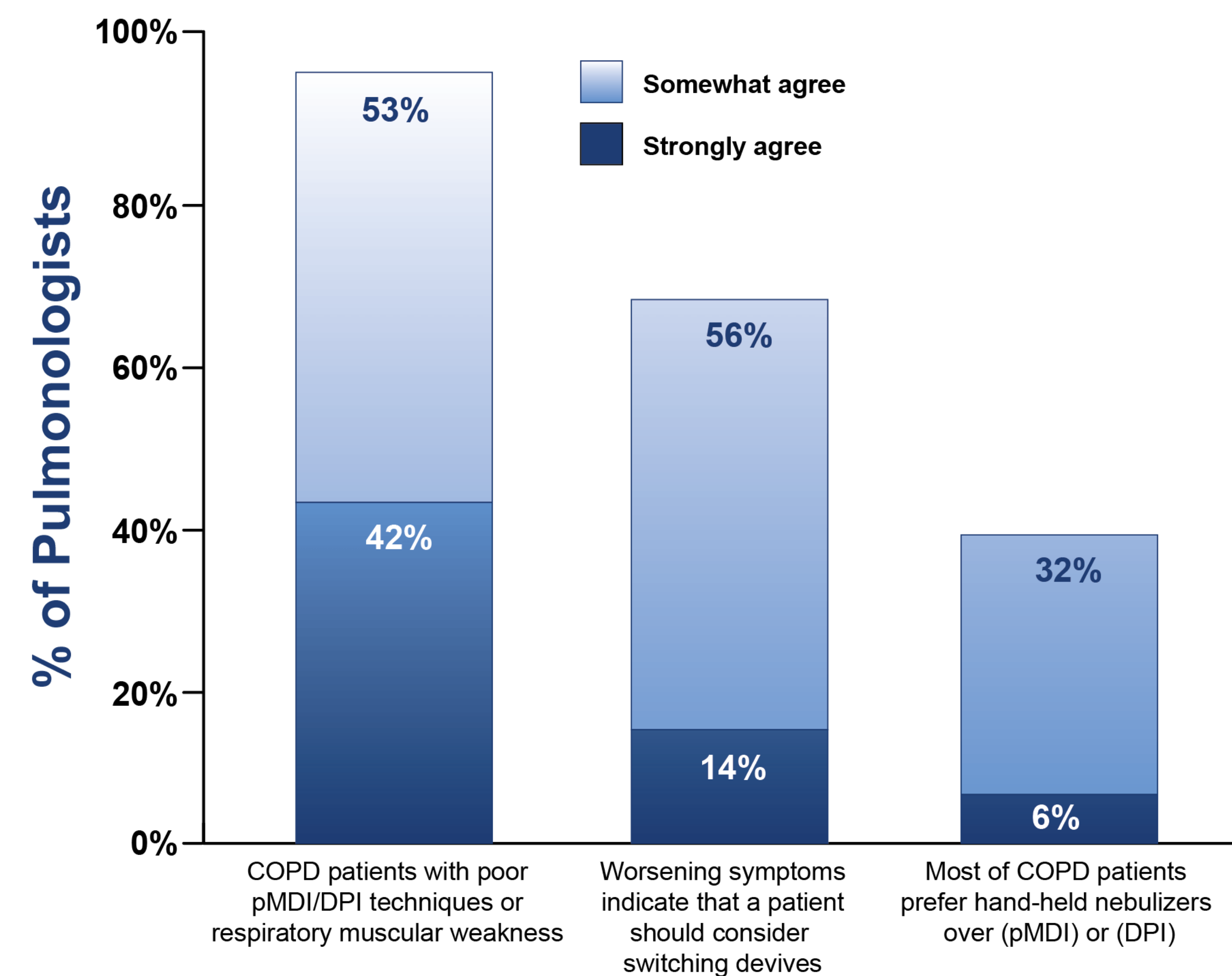
PULMONOLOGISTS DEMOGRAPHICS	
Specialty	% of Respondents (n=205)
Pulmonologist or pulmonary critical care	81
Fellow / in training	19
Year in Fellowship	% of Fellows (n=38)
1	24
2	29
≥3	47
Gender	% of Respondents (n=205)
Male / Female	67 / 33
Age (mean years 47)	% of Respondents (n=205)
18-39	37
40-64	51
≥65	11
Office or Practice	% of Private Practices (n=41*)
Single- / Multi-specialty	82
Solo practice	17
Number of patients a week (mean 47.9)	% of Respondents (n=205)
1-24	29
25-49	36
≥50	34
PATIENTS DEMOGRAPHICS	
Gender	% of Respondents (n=254)
Male / Female	49 / 51
Age (mean 61.8)	% of Respondents (n=254)
40-49	17
50-59	30
60-69	25
≥70	28
Race/Ethnicity	% of Respondents (n=254)
White or Caucasian	90
Black or African American	5
Other	5

Pulmonologists' Perceived Effectiveness of Nebulized Therapy compared with pMDI/DPI



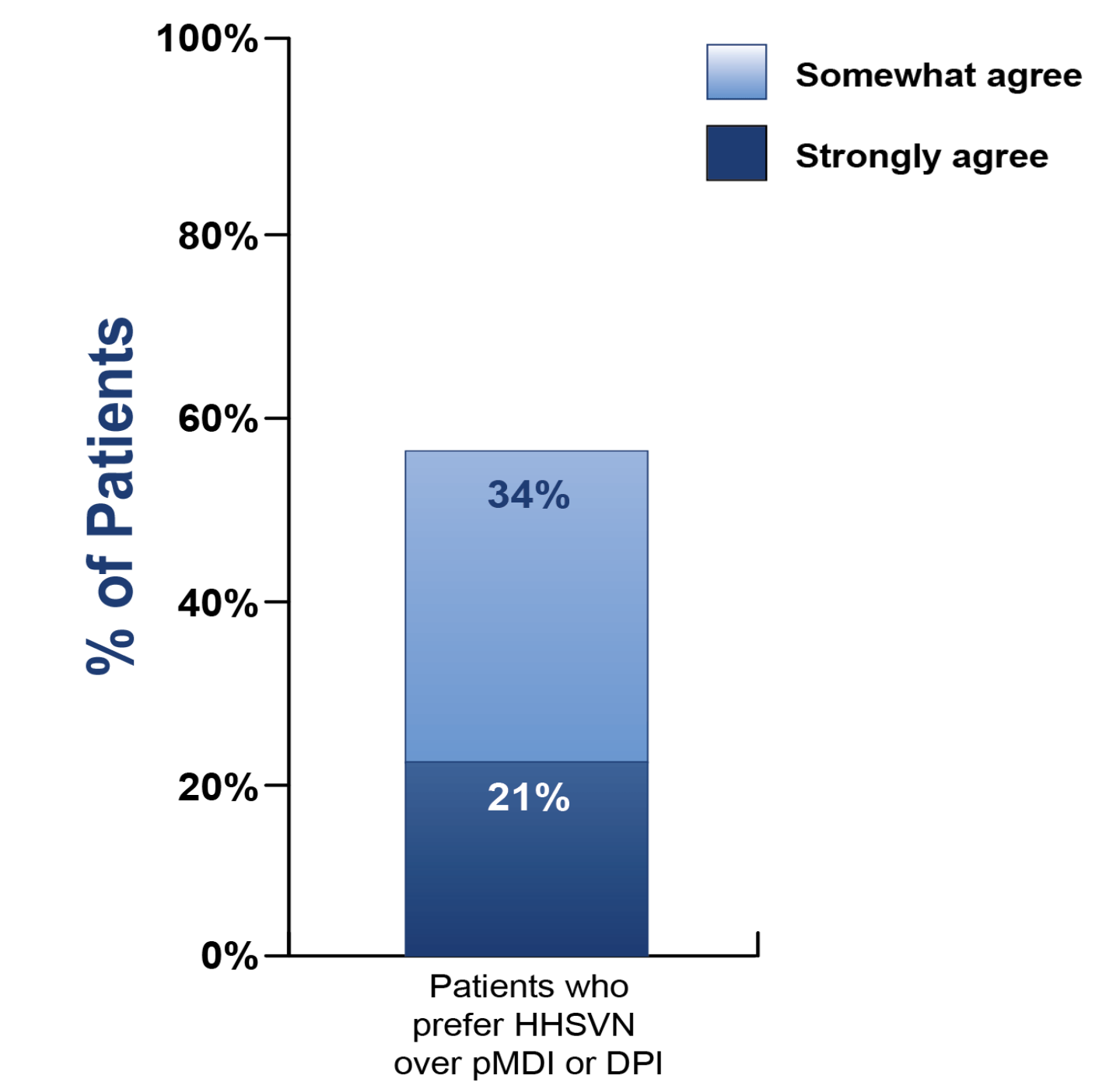
- 63% of pulmonologists believe that SVN therapy is more effective than other inhalation devices for patients with more severe COPD (grade 4 mMRC)
- 70% of pulmonologists stated that SVNs are more effective than pMDI/DPI in the management of acute exacerbations

Pulmonologists Recommend Hand-Held Small Volume Nebulizers to Meet Specific Needs



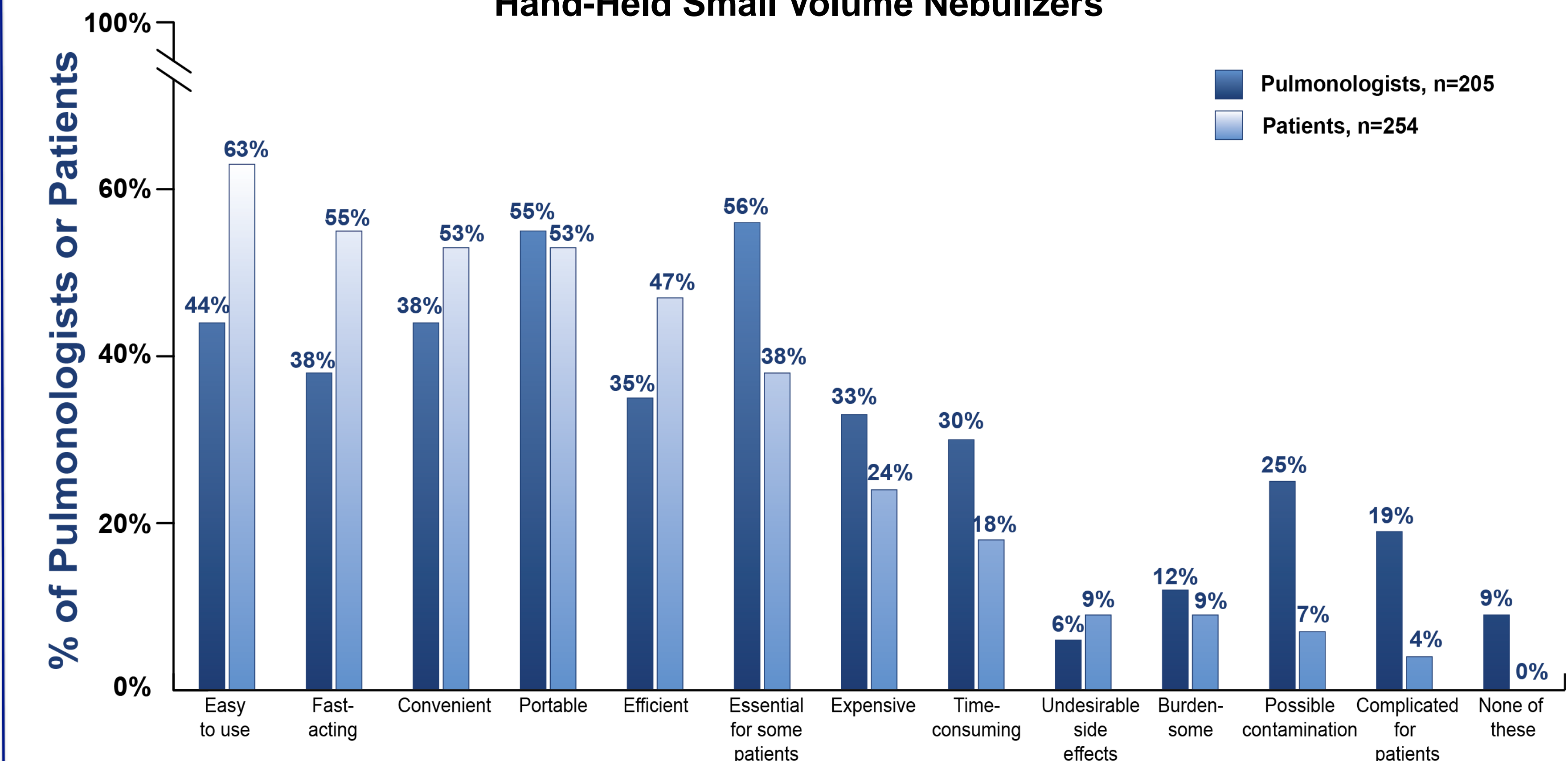
- The vast majority of pulmonologists (95%) agree, or strongly agree that SVNs should be used in COPD patients with poor pMDI/DPI techniques or respiratory muscular weakness
- 38% of pulmonologists believe that most of their patients prefer SVNs compared with alternative delivery devices

More Than Half of Patients at All Levels of COPD Severity Prefer SVNs Over pMDIs or DPIs



- 55% of patients with COPD reported a preference for SVNs over pMDI/DPI regardless of mMRC grade

More Patients Than Pulmonologists Have Favorable Perceptions of the Attributes of Hand-Held Small Volume Nebulizers



- 63% of patients find SVNs easy to use
- 24% have limited concerns about expense
- 18% believe SVNs are too time-consuming

KEY POINTS AND OPPORTUNITIES

- There are differences between pulmonologists and patients in preferences for nebulized therapy compared with alternative delivery systems
- There is a disparity between patients with COPD and pulmonologists regarding perceived effectiveness of nebulized therapy
- A larger proportion of patients prefer SVNs over other devices and have favorable perception on their use and attributes compared to pulmonologists
- There are educational and communication opportunities to guide clinicians regarding selection of optimal delivery system

ACKNOWLEDGEMENTS

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