



Re: Yildiz BP, Bayraktaroglu M, Gunen H. Bronchodilator efficacy of tiotropium/formoterol (18/12 µg once daily *via* a Discair inhaler), tiotropium alone (18 µg by Handihaler) or combined with formoterol (12 µg twice daily by Aerolizer) in adults with moderate-to-severe stable COPD. *Curr Med Res Opin.* 2019;35(12):2187–2196

Serdar Kalemci, Aydin Sarihan, Ahmet Bülent Kargı, Abdullah Şimşek & Arife Zeybek

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LETTER TO THE EDITOR



Re: Yildiz BP, Bayraktaroglu M, Gunen H. Bronchodilator efficacy of tiotropium/formoterol (18/12 µg once daily *via* a Discair inhaler), tiotropium alone (18 µg by Handihaler) or combined with formoterol (12 µg twice daily by Aerolizer) in adults with moderate-to-severe stable COPD. *Curr Med Res Opin.* 2019;35(12):2187–2196

Dear Editor,

We read with interest the article recently published by Yildiz et al. entitled “Bronchodilator efficacy of tiotropium/formoterol (18/12 µg once daily *via* a Discair inhaler) [TIO/FORM_{fixed} group], tiotropium alone (18 µg by Handihaler) [TIO_{mono} group] or combined with formoterol (12 µg twice daily by Aerolizer) [TIO/FORM_{bid} group] in adults with moderate-to-severe stable COPD”¹. In the study, it was shown that a single daily dose of TIO/FORM_{fixed} is as effective as a combination of TIO/FORM_{bid} and TIO_{mono}, and more effective than TIO_{mono}.

In the study, we saw that 12 patients in the TIO_{mono} group, 7 patients in the TIO/FORM_{bid} group and 9 patients in the TIO/FORM_{fixed} group had had exacerbations in the last year. In addition, the mean CAT score was 18.3 in the TIO_{mono} group, 17.1 in the TIO/FORM_{bid} group and 17.1 in the TIO/FORM_{fixed} group. When compared with other groups, we saw that patients in the TIO_{mono} group had more exacerbations and were more symptomatic in the last year. In patients with COPD, as the number of exacerbations and symptoms increase, the severity of the disease increases and response to inhaler therapy gets worse². We believe that this condition may affect the results of the study.

Transparency

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ORCID

Serdar Kalemci  <http://orcid.org/0000-0002-5246-972X>
Aydin Sarihan  <http://orcid.org/0000-0002-7489-0734>
Abdullah Şimşek  <http://orcid.org/0000-0003-0588-3888>
Arife Zeybek  <http://orcid.org/0000-0003-3656-9947>

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- [2] López-Campos JL, Gallego EQ, Hernández LC. Status of and strategies for improving adherence to COPD treatment. *COPD.* 2019; 14:1503–1515.

Serdar Kalemci 

Medical Park Gebze Hospital, Gebze, Turkey


Aydin Sarihan 

Manisa Sehir Hastanesi, Manisa City Hospital, Manisa, Turkey

✉ aydinsarihan@yahoo.com

Ahmet Bülent Kargı

Medical Park Gebze Hospital, Gebze, Turkey

Abdullah Şimşek 

Bursa Chest Disease Hospital, Yıldırım, Turkey

Arife Zeybek 

Muğla Sıtkı Koçman Üniversitesi, Muğla, Turkey

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