Indacaterol/Glycopyrronium in Clinical Practice: The Italian Experience

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Chronic obstructive pulmonary disease (COPD) has a very high prevalence worldwide and is associated with major morbidity and mortality [1]. The pharmacological therapy for COPD is aimed at controlling symptoms and reducing the number and frequency of acute exacerbations [2–4]. To this end, the 2017 Global Strategy for Diagnosis, Management and Prevention of COPD (GOLD 2017) guidelines suggest that prolonged bronchodilation with long-acting muscarinic antagonists (LAMA) and/or long-acting β_2 -agonists (LABA), with or without inhaled corticosteroids (ICS), should be the elective strategy in COPD patients [4]. In more detail, LABA and LAMA should be preferred when administered in prefixed combinations, since this strategy allows maximizing their bronchodilation action through a synergistic effect on the relaxation of airway smooth muscles [5, 6].

Indacaterol and glycopyrronium have recently been introduced in the pharmacological armamentarium for COPD. The coadministration of these two bronchodilators in a fixed combination can improve bronchodilation by acting on different receptor types at submaximal doses

[7], thus reducing the risk of adverse effects [8–10]. This combination showed good efficacy in pivotal trials [3, 11–13]. Studies evaluating the benefit of a indacaterol/glycopyrronium fixed-dose combination over consolidated therapies in a real-world setting are currently ongoing, but some positive preliminary results have already been disclosed [14]; in a pragmatic setting, the recently published CRYSTAL trial [15] has confirmed the benefits of switching directly to indacaterol/glycopyrronium from COPD standard of care.

In this supplement, we collected some interesting reports from Italian clinicians on indacaterol/glycopyrronium. In particular, we addressed the use of this therapy in patients with concomitant diseases such as cardiovascular issues and/or sleep apnea in elderly subjects, and we further investigated the role of indacaterol/glycopyrronium in the management of COPD. For a comprehensive evaluation of the benefits associated with this dual bronchodilator therapy, the report of these experiences of the clinical management of COPD patients is undoubtedly useful.

References

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