BMI Affects Asthma Control, Not Tx Response

BY HEIDI SPLETE

WASHINGTON — Heavier people may have worse asthma control than do their lighter counterparts, but they are not significantly less likely to respond to treatment, based on data from a pair of studies presented at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

In one study of 221 adults with severe asthma, body mass index (BMI) had no significant effect on impaired prednisone absorption or on any abnormalities in prednisone clearance.

Previous studies have shown a relationship between increased weight and asthma severity, said Dr. Joshua Davidson of National Jewish Health in Denver. Dr. Davidson and his colleagues measured the in vitro glucocorticoid responses to prednisone, dexamethasone, fluticasone propionate, and budesonide in asthma patients in three different weight categories.

BMI was positively associated with an increased number of steroid side effects, said Dr. Davidson, who had no conflicts of interest to disclose. But BMI was not associated with any reduction in prednisone absorption or clearance, or in steroid response.

But asthma control remains a problem for heavier patients. Dr. Hector Ortega of GlaxoSmithKline and his colleagues reviewed data from the Asthma Control Characteristics and Prevalence Survey Study (ACCESS), which included 2,238 patients aged 15 years and older from 35 asthma clinics across the United States.

The researchers found that 65% of the adults with a BMI greater than 30 had poorly controlled asthma vs. 52% of those with a BMI of 30 or less. This difference was statistically significant, Dr. Ortega said.

After controlling for multiple variables, a BMI greater than 30 was independently associated with a 54% increased risk of poorly controlled asthma, Dr. Ortega said. ■

Statins Tied to Few Hospital Visits for Asthma

WASHINGTON — The use of statins was associated with a 33% reduction in the risk of emergency department visits and hospitalizations among adult asthma patients in a retrospective study.

Statin use during the previous 12 months was independently associated with a significant 33% relative risk reduction for recurrent asthma-related ED/hospitalization events over 12 months, Eric Stanek, Pharm.D., reported at the annual meeting of the American Academy of Allergy, Asthma, and Immunology.

Dr. Stanek, a researcher at Medco Health Solutions Inc., and his colleagues used data from the Medco National Integrated Database, which includes more than 12 million individuals. Adult patients were included if they had received index inhaled corticosteroid therapy between January and December 2006, and had at least one ED/hospitalization visit for asthma in the 12 months prior to the index steroid prescription.

The study included 6,574 patients, of whom 2,103 had received concomitant statin therapy. The most commonly prescribed statin was atorvastatin (42%), followed by simvastatin (25%).

In a univariate analysis, the incidence of ED/hospitalization events was 29.4% in statin-unexposed patients and 20.5% in statin-exposed patients (odds ratio 0.62). The odds ratio was 0.67 in a multivariate analysis that adjusted for age, sex, previous asthma events, and asthma therapy. Both differences were significant.

The findings support the hypothesis that "statins may improve clinical outcomes in adults with asthma, and provide a good basis for additional prospective investigation," Dr. Stanek said.

Dr. Stanek reported that he has no relevant financial conflicts of interest, but noted that his employer, Medco Health Solutions Inc., has contracts with several pharmaceutical companies.

—Kerri Wachter