

POSTER ABSTRACTS
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Chronic Disease
02

Utilization of Controller Medications Among Adults Receiving Asthma Drugs

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Background. While the 1997 National Asthma Education and Prevention Program guidelines emphasize treatment with controller medications for patients with persistent asthma, few data are available about the utilization of controller medications among adults receiving asthma drugs.

Methods. A retrospective study was conducted among asthma drug users in eight health maintenance organizations involved in the HMO Research Network CERT. Individuals who received >2 dispensings of an asthma drug during any consecutive 12-month period beginning January 1, 1995 through December 31, 1999 were identified. Information on age, gender, enrollment status, and asthma drugs dispensed was obtained from the HMO automated databases. The frequency of use of controller medications (i.e., inhaled steroids, cromolyn-like agents, and leukotriene modifiers) was estimated, stratifying by the number of dispensings of short-acting beta agonists (< 6 or > 6 dispensings per year) and calendar year. Characteristics of users of leukotriene modifiers, inhaled corticosteroids and cromolyn-like medications were compared to those of nonusers of the respective agents.

Results. Among asthma drug users receiving > 6 dispensings of short-acting beta agonists, the use of cromolyn-like medications decreased during the period 1995 through 1999, while the use of inhaled steroids was consistent throughout the study period, with 71% of patients receiving an inhaled steroid in 1999. Among this group of patients, the frequency of use of leukotriene modifiers (which were initially marketed in late 1996) rose steadily, with 8% of

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patients receiving a leukotriene modifier in 1999. Patients receiving controller medications were more often female and generally less likely to be users of short acting beta agonists and more likely to be using other long-term control medications. In the year 1999, 76% of patients dispensed leukotriene modifiers received an inhaled steroid and 55% received an oral steroid, compared to 67% and 29% of nonusers, respectively.

Conclusions. A substantial proportion of adults receiving asthma medications are not receiving inhaled anti-inflammatory agents. Users of controller medications were more likely to be receiving multiple other asthma drugs to control asthma. Our study population likely includes patients with other obstructive lung disease, potentially influencing the observed utilization patterns.