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Refills

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What do COPD guidelines recommend regarding inhaled corticosteroid (ICS) discontinuation in people with COPD?

Conclusion: After excluding a diagnosis of asthma, COPD guidelines recognize potential for ICS deprescribing in some patients who are at low risk for exacerbations or are experiencing ICS-related adverse events. COPD patients with blood eosinophil counts ≥ 0.3 x 10^9/L are identified as a subgroup at increased risk of exacerbations if ICS therapy is discontinued.

The BC Provincial Academic Detailing (PAD) service's topic COPD: Triple therapy and device choice looks at the evidence for prescribing and deprescribing decisions for triple therapy (ICS+LAMA+LABA) and compares the features of inhaler device types.[1] Visit www.bcpad.ca to book a session with an academic detailing pharmacist in your area.

COPD guidelines define patients as low risk of exacerbations if they have experienced ≤ 1 moderate exacerbation in the past year and high risk if they have experienced ≥ 2 moderate or ≥ 1 severe exacerbation in the past year.[2-4] A moderate exacerbation is managed with outpatient antibiotics +/- oral corticosteroid, while a severe exacerbation is one resulting in hospitalization or an emergency room visit.[2-4]

Evidence that underlies recommendations about ICS discontinuation include: (a) the recognized potential for ICS-related adverse events including pneumonia, (b) ICS deprescribing trials which provide only limited information on patient-important outcomes such as exacerbations, and (c) poorer outcomes in high exacerbation risk patients who had their ICS treatment abruptly discontinued in recent trials.[5-12] The table below outlines where three recent guidelines identify a potential role for ICS deprescribing and where they recommend/suggest ICS continuation.[2-4]

Table: ICS deprescribing versus ICS continuation in people with COPD who are currently receiving an ICS

Clinical scenarios after excluding a diagnosis of asthma	**GOLD 2025**[2] Global Initiative for Chronic Obstructive Lung Disease Report	**CTS 2023**[3] Canadian Thoracic Society Pharmacotherapy Guideline	**ERS 2020**[4] European Respiratory Society Guideline on ICS Withdrawal in COPD
ICS was initiated without a compelling indication	Potential for ICS deprescribing*	Potential for ICS deprescribing*	Potential for ICS deprescribing (weak recommendation)
Significant ICS-related adverse events have emerged or COPD symptoms have not improved after adding an ICS	Potential for ICS deprescribing*	Potential for ICS deprescribing*	Factors to consider when reviewing ICS therapy*
Higher blood eosinophil counts (eg, ≥ 0.3 x 10^9/L)	Exacerbation risk is increased if ICS is discontinued*	Exacerbation risk is increased if ICS is discontinued*	Recommend against ICS deprescribing (strong recommendation)
High exacerbation risk or symptom burden/health status impairment remains moderate-high while on ICS+LAMA+LABA		Recommend against ICS deprescribing (weak recommendation)	

* Guideline statement or comment without a systematically-developed recommendation.
If the recommendation was formally graded (weak/conditional, strong), the strength of recommendation has been included.

If discontinuing the ICS component from ICS+LABA or ICS+LAMA+LABA combinations, GOLD 2025 and CTS 2023 recommend a switch to LAMA+LABA in most cases.[2,3]

[1]BC PAD Service COPD: Triple therapy and device choice; [2]GOLD 2025 Report; [3]CTS CHEST 2023 (PMID:37690008); [4]ERS Eur Resp J 2020 (PMID:32366483); [5]COSMIC Thorax 2005 (PMID:15923248); [6]INSTEAD Eur Respir J 2014 (PMID:25359348); [7]WISDOM N Engl J Med 2014 (PMID:25196117); [8]SUNSET Am J Respir Crit Care Med 2018 (PMID:29779416); [9]IMPACT N Engl J Med 2018 (PMID:29668352); [10]ETHOS N Engl J Med 2020 (PMID:32579807); [11]US FDA 2020 Trelegy Ellipta Review; [12]US FDA 2020 Approval Package Breztri Aerosphere

BC Provincial Academic Detailing Service
Email: PAD@gov.bc.ca
Web: www.bcpad.ca