European Respiratory Society Annual Congress 2012

Abstract Number: 3022

Publication Number: 164

Abstract Group: 1.11. Clinical Problems - Asthma

Keyword 1: Asthma - management Keyword 2: Chronic disease Keyword 3: No keyword

Title: A retrospective analysis of methotrexate therapy as a steroid sparing agent within a UK severe asthma clinic

Mrs. Leanne Jo 13026 Holmes Leanne Jo. Holmes @UHSM.NHS.UK, Dr. Helen C. 14473 Francis Helen. C. Francis @manchester.ac.uk and Dr. Robert M. 14474 Niven Robert. Niven @UHSM.NHS.UK MD. ¹ Manchester Severe Asthma Service, University Hospital of South Manchester, Manchester, Greater Manchester, United Kingdom, M23 9LT; ² Manchester Severe Asthma Service, University of Manchester & Univ. Hosp of South Manchester, United Kingdom, m239lt and ³ Manchester Severe Asthma Service, University of Manchester & Univ. Hosp of South Manchester, United Kingdom, m239lt.

Body: Background. Treatment with Methotrexate (MTX) immunosupressive therapy in severe asthma is used in an effort to reduce corticosteroid dependancy and associated side effects. This study aimed to evaluate the effectiveness of MTX within this patient population as an efficient aid to reduce corticosteroids. Methods A retrospective data collection was performed within the severe asthma service. Patients whom were established on or had started MTX within the last twelve months were included. Variables explored included mean daily corticosteroid dose, exacerbation frequency, acute admission episodes and blood eosinophil count twelve months prior to and twelve months post commencement of Methotrexate therapy. Results n= 30, 9 patients stopped MTX due to side effects. Within the ongoing sample group, corticosteroid dose was significantly lower post MTX compared to previous treatment (mean dose 10.4mg daily post MTX compared with 16.8mg pre MTX [p< 0.001]). The exacerbation frequency following MTX commencement was significantly lower (2.7) than in the year prior to treatment (6.1) (p<0.002). Reduced hospitalisation following MTX therapy was also demonstrated (0.4 episodes post treatment compared to 1.5 episodes pre treatment [p< 0.006]). There was a trend for a reduction in eosinophil level post treatment compared with prior to treatment, but this did not reach statistical significance. Conclusion MTX (where tolerated within this severe asthma population) was found to significantly reduce the demand for corticosteroids. A reduction in exacerbation rate and hospitalisation are also demonstrated when sufficiently monitored and supervised within a specialist setting.