European Respiratory Society
Annual Congress 2012

Abstract Number: 434

Publication Number: P4824

Abstract Group: 1.12. Clinical Problems - COPD

Keyword 1: COPD - exacerbations **Keyword 2:** No keyword **Keyword 3:** Acute respiratory failure

Title: Comparison of different dosage nebulised budesonide in COPD exacerbation

Dr. Elif 3423 Yilmazel Ucar eucar1979@yahoo.com MD , Dr. Omer 3424 Araz dromeraraz@gmail.com MD , Dr. Deniz 3425 Ozturk dr.denizz@hotmail.com MD , Dr. Metin 3426 Akgun akgunm@gmail.com MD , Prof. Dr Leyla 3427 Saglam saglamleyla@hotmail.com MD and Prof. Dr Metin 3428 Gorguner metingorguner@gmail.com MD . [1] Chest Disease, Ataturk University, Erzurum, Turkey, 25070 .

Body: Objective: To compare the efficacy and safety of different dosage nebulised budesonide (NB) in the treatment of acute exacerbations of chronic obstructive pulmonary disease (COPD). Design: Randomised, double-blind,parallel-group trial. Patients and interventions: A total of 64 patients who had moderate to severe acute exacerbations of COPD and required hospitalisation were enrolled in the study. The patients were randomized into three groups. Group 1 received systemic (intravenous) prednisolone 40 mg daily (n= 28), group 2 received 4 mg NB daily (n=20), group 3 received 8 mg NB daily (n=18). Airway obstruction [forced vitale capacity (FVC), forced expiratuar volüme 1 second (FEV1)] was evaulated at admission and discharged. Arterial partial pressure of oxygen (PaO2), carbon dioxide(PaCO2), pH, and oxygen saturation (SaO2) were evaulated at 24 and 48 hours, and at day 10. Results: There were no significant differences between groups at baseline. In groups, differences were significant for FVC,FEV1, PaO2, and SaO2 (p=0,000), but not for PaCO2 and pH, in comparison with their baseline values. There were no significant differences between groups for all parameters at all time periods. While blood glucose exhibited an upward trend only group 1 (8 patients), oral monoliazis and hoarseness were observed in group 2 and 3 (5 patient). But the differences were not statistically significant (p=0,69). Conclusions: Nebulised budesonide is effective and safety in the treatment of COPD exacerbation. There is no significant difference in terms of efficacy and safety between 4 mg and 8 mg nebulised budesonide.