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Title: Pneumonia risk in COPD patients on long term inhaled corticosteroids – Data from the European COPD audit<%

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Body: Inhaled corticosteroids (ICS) have been demonstrated to improve lung function measures, symptoms and exacerbation frequency in patients with FEV1 <60% predicted. However, the TORCH study showed a significant excess of pneumonia cases in patients using long-term inhaled Fluticasone. Other studies have also suggested a higher risk of pneumonia with ICS. It is suggested that combination with long-acting beta agonist (LABA) may increase this risk more than monotherapy. The European COPD Audit gathered data from 16018 patients admitted with COPD to 384 hospitals in 13 countries over 8-weeks to look for variations in COPD management. Post hoc analysis looked at admitting medication, incidence of (radiological) pneumonia and associated mortality, length of stay. 1981 (12.4% of all patients) were on ICS monotherapy prior to admission. Of these, 396 (20.0%) had consolidation. 9184 patients (57.3%) were on combination LABA/ICS treatment prior to admission. 1641 (17.9%) of LABA/ICS users had consolidation versus 1328 (19.4%) of non-LABA/ICS users. Odds Ratio 0.90 (95%CI 0.83-0.98). Unlike previous studies, we found no significant increase in consolidation with ICS monotherapy and a significantly lower risk of consolidation with ICS/LABA use than without. Our population was much larger than any previous studies and used COPD as the inclusion criterion.