



Lowering the dose of steroids for COPD patients is safer and just as effective

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A study published in the Journal of the American Medical Association concludes that low-dose corticosteroid medications administered orally – which result in significantly fewer adverse effects – are just as effective as high-dose intravenous steroid injections in treating patients with chronic obstructive pulmonary disorder (COPD).

Corticosteroids figure largely in the treatment of COPD, either on their own or in conjunction with bronchodilators. However, their optimal dose and route of administration are uncertain. Currently, there are two basic options for the administration of corticosteroids in hospitals: (1) to administer the

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drugs orally at a lower dose (i.e. 60 mg over 2 days); or (2) inject a higher dose (i.e. 600 mg over 2 days) intravenously.

Although the recommended treatment is to administer the lower dose orally, nearly all (92%) COPD patients receive the higher-dose intravenous injections, increasing their risk of having an adverse event.

The study was conducted at 414 US hospitals involving patients admitted with acute exacerbation of COPD in 2006 and 2007 to a non-intensive care setting and who received systemic corticosteroids during the first 2 hospital days.

Of 79,985 patients the study looked at, 73,765 were initially treated with intravenous steroids, whereas 6,220 received oral treatment. Of these, 1.4% of the intravenously treated and 1.0% of the orally treated patients died during hospitalization. In addition, the risk of treatment failure was lower among orally treated patients, as was the length of the patient's hospital stay.

The study determined that lower, and therefore safer, doses are just as effective in treating COPD and also save about \$500 per hospitalization. By this measure, U.S. hospitals could save a total of \$250 million by treating COPD patients with orally taken low-dose corticosteroids.

Source: Patient Safety America Newsletter, August 2010. View it [here](#). You can view the study [here](#).

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