

RESEARCH NEWS

Five days of corticosteroid for exacerbations of COPD

JAMA 2013;doi:10.1001/jama.2013.5023

Five days of oral prednisolone is enough for most people with an acute exacerbation of chronic obstructive pulmonary disease (COPD), according to a head to head trial from Switzerland. Patients given 40 mg daily for five days or 14 days had almost identical outcomes during the next six months. Just over a third of each group had another exacerbation (37.2% v 38.4%; difference -1.2%, 95% CI -12.2% to 9.8%) and 8% of each group died (7.7% (12/156) v 8.4% (13/155); hazard ratio 0.93, 0.4 to 2.2). Lung function and symptoms improved at the same speed and to the same extent in both groups, and patients had comparable quality of life. Overall, those treated for five days had 65% less corticosteroid than controls (200 v 560 mg).

These heavy smokers and ex-smokers had severe COPD. They received other recommended treatments alongside their assigned course of prednisolone, including antibiotics, inhaled glucocorticoids and $\beta 2$ agonists, and tiotropium. The trial had a non-inferiority design and was powerful enough to rule out any clinically meaningful difference between treatment groups. Most guidelines recommend 10-14 days of corticosteroids for people with exacerbations, says a linked editorial (doi:10.1001/jama.2013.5644). This trial provides convincing evidence that a five day course works just as well and limits exposure to a drug with serious and cumulative side effects.

Cite this as: *BMJ* 2013;346:f3402 © BMJ Publishing Group Ltd 2013