Cost Effectiveness / Yield / Medical Economics

Rheumatoid Arthritis Against Polymyalgia Rheumatica

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In elderly people both the illnesses are common. There is lot of overlap of the symptoms. Yet the treatment of both is absolutely different.

One good formula to use at the bedside is - if there is involvement of wrists, hands or feet, go for diagnosis of Rheumatoid Arthritis.

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Azithromycin in uncontrolled asthma

Despite treatment with inhaled corticosteroids and long-acting bronchodilators, asthma is uncontrolled in a substantial number of patients with remain symptomatic and are at risk of asthma exacerbations. These asthma attacks are often triggered by viral respiratory infections and might lead to emergency room visits, hospitalisations, and rarely, death they result in a huge personal and societal burden. Although targeted add-on therapy with monoclonal antibodies such as anti-IgE (omalizumab) and anti-IL5 (mepolizumab and reslizumab) has been shown to be efficacious in specific phenotypes of severe asthma, the high costs preclude widespread use in many parts of the world. Therefore, affordable, effective, and safe add-on therapies in patients with poorly controlled asthma are needed.

A large randomised, double-blind, placebo-controlled trial of azithromycin in adult patients with persistent uncontrolled asthma in Australia. 420 patients with uncontrolled persistent asthma despite a maintenance treatment with medium-to-high dose inhaled corticosteroids plus a long-acting bronchodilator; long-acting muscarinic antagonist were randomly assigned to receive azithromycin 500 mg or placebo three times per week for 48 weeks. Patients with hearing impairment or a prolonged corrected QTc interval were excluded to minimise the risk of ototoxicity and cardiac arrhythmia.

Azithromycin significantly reduced the rate of total asthma exacerbations compared with placebo (1.07 exacerbations per patient-year vs 1.86 exacerbations per patient-year; incidence rate ratio (IRR) [95% CI 0.47-0.74]) as well as the rate of severe exacerbations.

Additionally, azithromycin use was associated with improved asthma control reduced the number of patients reporting a respiratory tract infection, and lowered the rate of antibiotic courses for respiratory indications.

Since microbial resistance is a well known side-effect of antibiotic use, add-on therapy with azithromycin in asthma needs to be restricted to those patients with the highest unmet medical need (eg, frequent exacerbators) and to time periods with the greatest risk of exacerbations (ie, winter).

Since azithromycin reduced both asthma axacerbations and respiratory infections, the benefits of azithromycin might be due to preventing viral-induced attacks in asthma.

Gibson and colleagues have clearly shown that add-on therapy with azithromycin is effective and safe in adult patients with uncontrolled asthma despite treatment with inhaled corticosteroids and long-acting beta agonists. Azithromycin benefited patients with both eosinophilic and non-eosinophilic asthma.

Guy Brusselle, Ian Pavord, The Lancet, 2017, Vol 390, 629-630