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MEETING ABSTRACT Open Access

Mometasone furoate/formoterol combination therapy increases frequency of days/nights free of short-acting β_2-agonist use

AS Nayak[1*], RA Nathan[2], EO Meltzer[3], SF Weinstein[4], H Nolte[5]

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Objective

An important asthma therapy goal is to limit short-acting β_2-agonist (SABA) rescue medication use. We evaluated the effect of mometasone furoate/formoterol (MF/F) combination therapy on SABA use with data from 3 phase III studies.

Methods

All studies enrolled subjects (≥12y) with persistent asthma not well controlled on inhaled corticosteroids (ICS): study 1 (n=746 subjects with moderate persistent asthma randomized to 26wk MF/F-100/10μg, MF-100μg, F-10μg, or placebo twice daily [BID]); study 2 (n=781 subjects with moderate persistent asthma randomized to 26wk MF/F-200/10μg, MF-200μg, F-10μg, or placebo BID); study 3 (n=728 subjects with severe persistent asthma randomized to 12wk MF/F-400/10μg, MF/F-200/10μg, or MF-400μg BID). All studies included a 2-3wk MF BID run-in: P04073 (100μg), P04334(200μg), P04431 (400μg). Percentage of SABA-free days/nights was a predefined secondary endpoint in all studies.

Results

In study 1, mean change in the percentage of SABA-free days/ nights from baseline period (day -7 to 1) to overall treatment period was significantly increased for MF/F-100/10μg (18%) vs F-10μg (10%) and placebo (0% $P \leq .003$), and numerically increased for MF/F-100/10μg vs MF-100μg (14%). In study 2, change in SABA-free days/nights was significantly increased for MF/F-200/10μg (21%) vs MF-200μg (15%), F-10μg (11%), and placebo (5%; $P \leq .033$). In study 3, change in SABA-free days/nights was significantly increased for MF/F-400/10μg and MF/F-200/10μg groups (25% increase for each) vs the MF-400μg group (13%; $P < .001$).

Conclusion

MF/F treatment resulted in significant improvement in the frequency of SABA-free days/nights vs individual MF and/or F monotherapies in subjects with persistent asthma not well controlled on ICS therapy.

Author details
[1]Sneeze, Wheeze & Itch Associates, Normal, IL, USA. [2]Asthma and Allergy Associates and Research Center, Colorado Springs, CO, USA. [3]Allergy and Asthma Medical Group and Research Center, San Diego, CA, USA. [4]Allergy & Asthma Specialists Medical Group, Huntington Beach, CA, USA. [5]Merck Research Laboratories, Kenilworth, NJ, USA.

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[1]Sneeze, Wheeze & Itch Associates, Normal, IL, USA
Full list of author information is available at the end of the article