Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/clinicians-roundtable/when-to-start-and-when-to-withdraw-inhaled-steroids-in-copd/85551/

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When to Start and When to Withdraw Inhaled Steroids in COPD

Announcer:
This is *Clinician's Roundtable* on ReachMD. Today, Dr. MeiLan Han will be explaining how blood eosinophil counts can guide inhaled steroid decisions in COPD. Dr. Han is a Professor of Medicine and the Chief of the Division of Pulmonary and Critical Care at the University of Michigan Health. Let's hear from her now.

Dr. Han:
The GOLD document, which helps us with management for COPD, has evolved over the last few years, but there's really good data from both the IMPACT and ETHOS studies suggesting that the addition of inhaled steroids really does help reduce exacerbation risk for COPD patients. But that benefit is most clear for patients with eosinophil counts of 100 or more.

And so that's the number I'm usually looking for when I'm trying to decide if it's worth trying. But it is a linear relationship, and that relationship does get stronger with higher levels. So you probably are going to see generally more benefit for patients with even higher levels of eosinophils. But it's certainly worth trying at levels of roughly 100 or more. I will say, however, it's very rare to see a patient that has rock bottom levels less than 100 every single time it's measured. And so, if I do see low levels, I'll really look at the pattern over time. And if I am seeing some levels above 100, I think it's still reasonable to do a trial of inhaled steroids when patients are still having exacerbations on bronchodilators.

One thing the GOLD document added a few years ago was this concept of inhaled steroid withdrawal for patients who are incredibly stable with their COPD. For patients who are not exacerbating, the thought is there may be benefit for some patients to actually withdraw, the inhaled steroid. And there are data from several clinical trials where patients were able to be safely withdrawn and did not flare. But what I will say is, I think the totality of the data suggests that this really is probably a more successful strategy for patients with lower levels of eosinophil counts and a less successful strategy for patients with higher eosinophil counts.

I think if a patient is rock solid stable, or if, for instance, they're having a lot of side effects from inhaled steroids and you just can't manage to treat dysphonia, or if they're having frequent pneumonias, for instance, and you're really concerned about the inhaled steroid, then I feel generally more comfortable doing that in a patient with lower levels of eosinophil counts, say, more in the 100 range, than I would if a patient routinely had eosinophil counts in the 300 to 400 range. That's because I think those patients are going to be at increased risk for having recurrent exacerbations if the inhaled corticosteroids are withdrawn.

Announcer:
You just heard Dr. MeiLan Han talking about when to start and when to withdraw inhaled steroids in COPD. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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