

Digital inhaler dose monitoring and short-acting beta-agonist use in airways disease

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Background

SABA overuse is associated with increased asthma mortality risk.

Digital dose counters allow patients and healthcare professionals to monitor inhaler use in airways disease.

AIM: Assess whether the use of a digital inhaler dose counter is associated with a reduction of SABA use in asthma and COPD.



Method

Survey is sent to users of the digital dose counter (asthma and COPD) to evaluate demographics and disease severity.

SABA use is analysed in patients with at least 14 days of use of the digital dose counter.

ICS use is analysed in patients using ICS as maintenance treatment.

Results

130 survey responses were received.

Average age of 54.6 ± 15.6 years.

Average number of exacerbations in the last year: 2.9 ± 4.0 .

82.3% (107/130) were MRC breathlessness scale ≥ 2 .

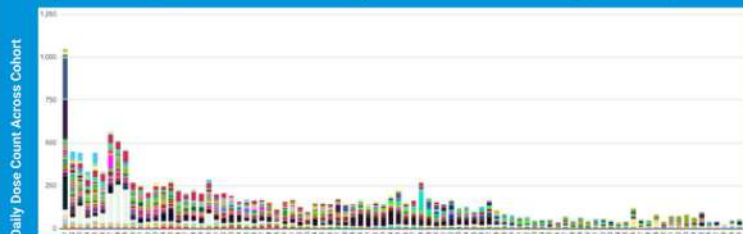
Conclusions

Use of a digital inhaler dose counter is associated with a reduction of SABA use in 90-day monitoring period.

However, results are potentially biased by a reduction of active users.

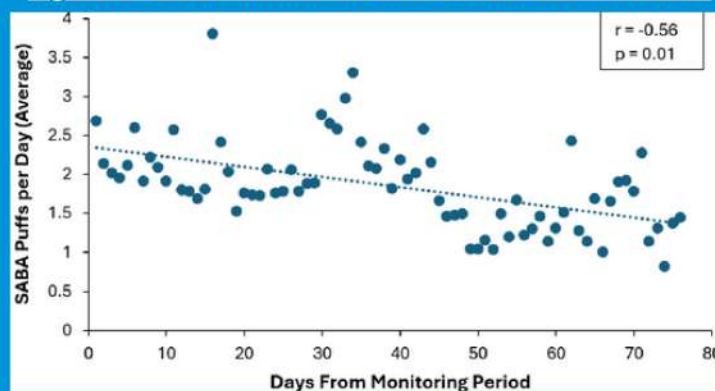
Research is needed to evaluate why the use of the digital dose counter falls over an extended monitoring period.

Use of digital dose counter peaks in first 10 days of use



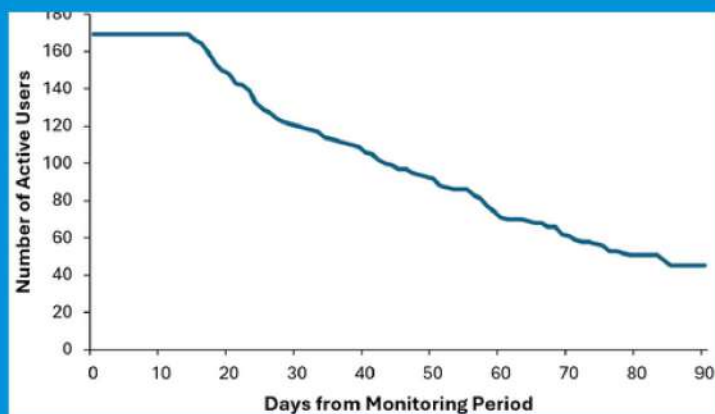
Days from Start of Digital Dose Counter Use

Digital dose counter use associated with SABA use reduction

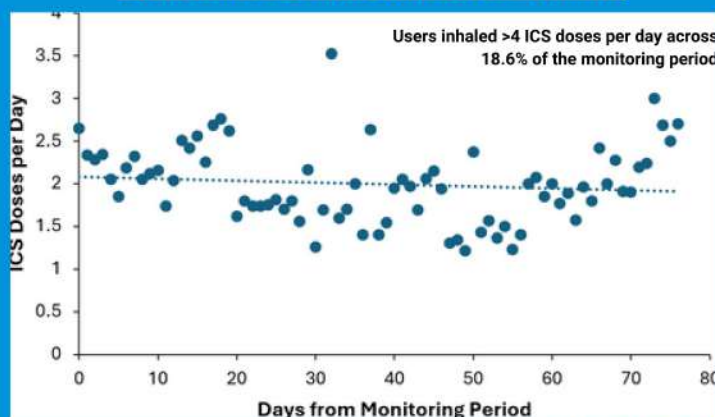


*First 14 days of use excluded

Number of active users falls over the monitoring period



ICS use variable and ICS over-use is common



*First 14 days of use excluded

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