A comparison between a combination of ipratropium bromide plus fenoterol in a single metered dose inhaler (Duvent) and salbutamol in asthma

K. C. FLINT
M.R.C.P.

B. HOCKLEY
B.Sc.

N. McI. JOHNSON
M.D., M.R.C.P.

The Medical Unit, The Middlesex Hospital, London W1

Summary
The efficacy of a single metered dose inhaler containing a combination of fenoterol (100 μg/puff) and ipratropium bromide (40 μg/puff) has been assessed in 12 asthmatics. We conclude that the bronchodilator effect of 2 puffs of the combination inhaler was significantly greater than that achieved by 2 puffs of salbutamol (100 μg/puff).

KEY WORDS: fenoterol, ipratropium bromide, salbutamol, asthma.

Introduction
Both salbutamol and fenoterol are selective β2-adrenergic agonists which produce effective bronchodilatation in asthma. Ipratropium bromide is a synthetic anti-cholinergic bronchodilator which has been assessed in both asthma and bronchitis (Poppius and Salorinne, 1973; Petrie and Palmer, 1975). In severe chronic bronchitis and emphysema, it has been shown to be at least as effective as salbutamol, the most commonly used β2-adrenergic agonist with bronchodilator properties (Douglas et al., 1979).

The combination of fenoterol and ipratropium bromide has been shown to produce a greater bronchodilator response than that achieved by either agent alone in asthma (Martin, Berend and Harrison, 1979) and chronic bronchitis (Addis, Barclay and Chang, 1979; Anderson, Jariwalla and Turnbull, 1980). This combination has recently become available in a single metered dose inhaler.

In a double-blind, crossover study we have compared the onset of action, peak effect and side effects of this combination with salbutamol similarly administered.

Methods
Twelve chronic stable asthmatics (5 male, mean age 52 years, range 24–75 years, mean duration of disease 15.5 years) were assessed at the same time on 2 consecutive days having taken no bronchodilator for at least 12 hr. Five patients were on inhaled β2-adrenergic agonists only, 5 were on inhaled and 2 were on oral corticosteroids. All were non-smokers.

After 5 min rest, baseline measurement of pulse, blood pressure, forced expiratory volume in 1 s (FEV1) and forced vital capacity (FVC) were recorded. FEV1 and FVC were taken as the best of 3 recordings. After inhalation of 2 puffs of salbutamol (200 μg) or 2 puffs of Duvent (the combination of 200 μg of fenoterol plus 80 μg of ipratropium bromide [2 puffs]) from identical inhalers, pulse rate, FEV1 and FVC were recorded every 10 min for 0.5 hr, then every 15 min for a further 90 min. Blood pressure was recorded at 1 and 2 hr.

Results
Baseline values for FEV1 were similar on both treatment days (combination mean 1.4 litres±0.23 s.e.m. and salbutamol 1.34 litres±0.22). The bronchodilator effect of the combination was significantly greater than that of salbutamol from 20 to 120 min inclusive (P<0.05 at 20, 30 and 45 min, P<0.01 at 60, 75, 90, 105 and 120 min). Peak values obtained were 1.88 litres±0.26 at 45 min for salbutamol, and 1.98 litres±0.35 at 60 min for the combination.

Significant differences were observed for posttreatment FVC in favour of the combination from 30 to 105 min inclusive (P<0.05 at 60 and 105 min, P<0.01 at 30, 45, 75 and 90 min). Peak values were obtained with salbutamol at 1 hr (3.25 litres±0.38) and with the combination at 45 min (3.39 litres±0.38). When percentage increases rather than absolute values were considered significant differences for percentage increase in FEV1 from 75 to 120
A comparison of inhaler therapy in asthma

min inclusive ($P<0.05$ for 105 min, and $P<0.01$ at 75, 90 and 120 min). However, there were no significant differences observed between the treatments for percentage increase in FVC. There was no significant difference between salbutamol and the combination with respect to pulse rate and blood pressure before and after treatment and no difference related to the order of treatments.

Tremor was a common side effect (5 out of 12) but was equally common with salbutamol and the combination. Two patients complained of the taste of the combination. One patient felt nauseated with the combination.

Discussion

The different sites of action of $\beta_2$ adrenergic agonists and anti-cholinergic agents has led to their use in combination in patients with chronic airways obstruction. The combination of fenoterol with ipratropium bromide has been shown to produce additional bronchodilatation (Martin, Berend and Harrison, 1979) and in a single metered dose inhaler, to provide optimal bronchodilatation with few side effects (Ulmer, 1979). This combination inhaler is now widely available in the U.K. and may increase compliance in those patients shown to respond to both agents. There is, as yet however, no published information on the efficacy of this combination in asthma.

We conclude that, at conventional doses (2 puffs of the metered dose inhaler, Duvoent [the combination of fenoterol (100 $\mu$g/puff) and ipratropium bromide (40 $\mu$g/puff)] produced significantly greater bronchodilator effect than salbutamol (100 $\mu$g/puff).

We have not examined dose response relationships and it is possible that this advantage may be lost at other doses.

References


Martin, G.E., Berend, N. & Harrison, A.C. (1979) Combined cholinergic antagonist and $\beta_2$ adrenoreceptor agonist bronchilator therapy by inhalation. Australian and New Zealand Journal of Medicine, 9, 511.


(Accepted 10 March 1983)
A comparison between a combination of ipratropium bromide plus fenoterol in a single metered dose inhaler (Duvovent) and salbutamol in asthma.

K. C. Flint, B. Hockley and N. M. Johnson

Postgrad Med J 1983 59: 724-725
doi: 10.1136/pgmj.59.697.724

Updated information and services can be found at:
http://pmj.bmj.com/content/59/697/724

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/