The Missing Puff: Results of Multiple Imputation of Percent Predicted FEV1 in CPRD
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METHODS

- Cohort study of new users of aclidinium and long-acting beta-agonists (LABA) medications between 2012 and 2015, aged ≥ 40 years, with COPD
- Severity of COPD was classified using the GOLD 2016 COPD severity categories (Figure 1) at the time of starting a drug (start date).

Figure 1. Model of Symptoms/Risk of Evaluation for Severity of COPD

<table>
<thead>
<tr>
<th>GOLD 3 or 4</th>
<th>GOLD 1 or 2</th>
<th>GOLD ≤ 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>(≥ 40 years)</td>
<td>(≥ 40 years)</td>
<td>(≥ 40 years)</td>
</tr>
<tr>
<td>ppFEV1 &gt; 50%</td>
<td>ppFEV1 &gt; 50%</td>
<td>ppFEV1 &gt; 50%</td>
</tr>
<tr>
<td>CAT ≥ 10 or Breathlessness absent</td>
<td>CAT &lt; 10 or Breathlessness present</td>
<td>CAT ≥ 10 or Breathlessness present</td>
</tr>
<tr>
<td>mMRC 0-1</td>
<td>mMRC 2 or 3</td>
<td>mMRC 2 or 3</td>
</tr>
</tbody>
</table>

CONCLUSIONS

- Minor differences were observed in the distribution of COPD severity between CCA and MI.
- No differences were seen in the mortality RRs despite minor differences in the mortality rates between both methods.
- The use of MI allowed the inclusion of all the study population in the analyses, resulting in an increased precision in the estimates.

REFERENCES


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