

Place Inhaled Corticosteroids in the Background Treatment of COPD

Rachid Benchanna*, Amine Benjelloune, Hicham Janah, Jamal Oujaber and Rachid Bouchentouf

Service of Pneumology, Military Hospital Avicenna, Marrakech, Morocco

***Corresponding Author:** Rachid Benchanna, Service of Pneumology, Military Hospital Avicenna, Marrakech, Morocco.

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COPD is a chronic respiratory disease that can be treated and prevented, characterized by persistent respiratory symptoms (cough, dyspnea and sputum), due to abnormal airways and/or alveoli, secondary to significant exposure to harmful particles or gases.

Tobacco is the main risk factor for COPD, containing more than 4,000 toxic substances whose nature and concentration vary depending on the type and mode of tobacco use.

Most of our COPD patients encountered in daily practice, are ex-smokers with at least 20 packs/year, male and older than 45 years.

Certainly, if the fight against tobacco prevents the occurrence of COPD, this preventive component and also the foundation stone of the basic treatment of the disease.

The recommended pharmacological therapy is mainly based on inhaled bronchodilators, whether they are long-acting beta 2 mimetics, anti-cholinergics or their associations. In addition, the prescribing of inhaled and increasingly neglected corticosteroids in favour of the side effects encountered in these subjects with local immunodepression, and the defences and defecating lung purification.

It is better to avoid this treatment even more beneficial in an asthmatic than in a COPD, and to trace its indications to the forms with persistent symptoms despite maximum treatment, including a LABA-LAMA bitherapy, respiratory rehabilitation, smoking cessation, influenza and pneumococcal vaccination, while keeping in mind the possibility of step down expected after stabilizing the disease.

Blood eosinophilia levels may help to prefer the combination of basic inhaled therapy with an inhaled corticosteroid, but it should not be taken into account if the symptoms are well controlled in the absence of any exacerbation.

We believe that inhaled corticosteroid therapy should be avoided in the background treatment in COPD as much as possible. On the other hand, think of smoking cessation in the first place, the only guarantee to slow the decline of VEMS, the major prognostic element in the evolution of COPD.

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