The COPD Assessment Test (CAT)

The CAT has been designed to measure the impact of COPD* on a patient's health by enabling them to describe their symptoms more accurately. This will improve communication with their doctor and give a better understanding of the disease's true impact, allowing treatment to be better targeted and the patient's care to be optimised.[1,2]

COPD limits airflow in the lungs causing breathing difficulties that affect patients' health, quality of life and ultimately survival. Over 210 million people worldwide have the condition[3] and it causes around 250 deaths every hour, more than lung and breast cancer combined.[4,5] However, partly due to difficulties in describing and assessing its full impact, it can be sub-optimally managed, causing patients to suffer increased symptoms, risk of hospitalisation and disability.[6,7]

The items that form the CAT, which is designed for patients to complete themselves, were identified following many interviews with patients coupled with rigorous scientific methodology. A wide range of international experts in COPD, patient groups and professional societies also played a key role in its development.[1,2]

The CAT, which was funded by GlaxoSmithKline (GSK), is freely available for use at: www.CATestonline.org.

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Rivaroxaban reduces length of hospital stay in patients with symptomatic venous thromboembolism

The phase III EINSTEIN deep vein thrombosis (DVT) and EINSTEIN pulmonary embolism (PE) trials demonstrated the potential of oral rivaroxaban (Xarelto, Bayer) – 15 mg twice daily for 21 days, followed by 20 mg once daily – for the treatment of venous thromboembolism (VTE), a term that embraces DVT and PE. A subsequent study by van Bellen *et al.*,[1] published in *Current Medical Research and Opinion* in 2014, was undertaken to assess the length of initial hospitalisation in patients presenting with either symptomatic DVT or PE using hospitalisation records from these trials.

The authors found that overall 52% of EINSTEIN DVT patients and 90% of EINSTEIN PE patients were admitted to hospital. The proportion of hospitalised DVT patients with a length of stay 5 days or fewer, receiving rivaroxaban, was 54% compared with 31% for those receiving enoxaparin/vitamin K antagonist (VKA), the current standard of care for the treatment of patients with symptomatic DVT and PE. For patients with PE, the corresponding values were 45% and 33%. Stays of 6 - 10 days were observed in 29% of rivaroxaban-treated patients compared with 45% for enoxaparin/VKA-treated patients for DVT. For patients with PE, these values were 39% and 46% in the rivaroxaban and enoxaparin/VKA groups, respectively. Overall, length of stay was significantly shorter in the rivaroxaban group, compared with the enoxaparin/VKA group across all analyses performed ($p<0.0001$).

VTE is associated with significant morbidity and mortality and therefore carries a considerable healthcare burden. Rivaroxaban is as effective as enoxaparin/VKA for the treatment of acute symptomatic DVT or PE, with the additional benefit of significantly reducing the period of hospitalisation in patients being treated for an initial DVT or PE. 'Coupled with improved patient treatment satisfaction and no requirement for routine monitoring or dose adjustment, this presents strong advantages for treating patients with VTE with rivaroxaban,' the authors wrote. They concluded that a single-drug regimen with rivaroxaban may reduce the burden on healthcare systems and patients by providing effective and well-tolerated treatment. 'The convenience of a single-drug approach with oral rivaroxaban has the potential to allow discharge based on a patient's clinical condition and to facilitate the transition from in-hospital to outpatient care. […] However, assessment of patient risk is still warranted to identify candidates who can safely receive outpatient treatment, and patient monitoring is essential to ensure adherence to the specified dosing regimen.'

Reference

1. van Bellen B, Bamber L, Correa de Carvalho F, et al. Reduction in the length of stay with rivaroxaban as a single-drug regimen for the treatment of deep vein thrombosis and pulmonary embolism. Curr Med Res Opin 2014; 30(5):829-837. [http://dx.doi.org/10.1185/03007995.2013.879439]

For full prescribing information, refer to the package insert approved by the Medicines Regulatory Authority (MCC).

PHARMACOLOGICAL CLASSIFICATION: A.8.2 Anticoagulants.

S4 XARELTO® 10. Reg. No.: 42/8.2/1046. Each film-coated tablet contains rivaroxaban 10 mg.

INDICATION: Prevention of VTE in patients undergoing major orthopaedic surgery of the lower limbs.

S4 XARELTO® 15 and XARELTO® 20. Reg. No.: 46/8.2/0111 and 46/8.2/0112. Each film-coated tablet contains rivaroxaban 15 mg or 20 mg, respectively.

INDICATIONS: Prevention of stroke and systemic embolism in patients with non-valvular atrial fibrillation; Treatment of DVT and for the prevention of recurrent DVT and PE; Treatment of PE and for the prevention of recurrent PE and DVT.

Bayer (Pty) Ltd, Co. Reg. No.: 1968/011192/07, 27 Wrench Road, Isando, 1609. Tel: 011 921 5044 Fax: 011 921 5041.

L.ZA.GM.06.2014.1007



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The South African Respiratory Journal acknowledges with thanks the invaluable sponsorship of the following companies:

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