Pharmacotherapeutic report, summary

Aclidinium (Eklira® Genuair®) for the indication 'COPD'

Approved on 26 November 2012 by the Medicinal Products Reimbursement Committee (CFH)

Medicine. 322 µg aclidinium (as bromide).

Registered indication. "Maintenance bronchodilator treatment to relieve symptoms in adult patients with chronic obstructive pulmonary disease (COPD)"

Posology. 322 µm 2x/day, with the Gernuair inhaler device. Every delivered dose (the dose leaving the mouthpiece) contains 375 µg aclidinium bromide, the equivalent of 322 µg aclidinium. This corresponds to a metered dose of 400 µg aclidinium bromide equivalent to 343 µg aclidinium.

Mechanism of action. Aclidinium is a competitive, selective muscarinic receptor antagonist (also known as an anticholinergic) with a greater affinity for M3 muscarinic receptors than for M2 receptors. The bronchodilation is mainly due to a local effect on the bronchial smooth muscles. The effect occurs within 30 minutes, is at its maximum with 1-3 hours and continues for 12 hours.

Summary of the therapeutic value

Intended effects. Two available placebo-controlled studies show that aclidinium has a larger clinical effect on the pre-dose FEV1 and quality of life than a placebo treatment in patients with moderate to severe COPD. Aclinidium leads to a larger reduction in moderate to severe exacerbations than placebo. Based on the only – unpublished – indirect comparison, the effect on FEV1 and symptoms seems comparable with tiotropium after six weeks treatment.

Unintended effects. The side-effects of aclidinium are similar to those of tiotropium.

Experience. Experience with aclidinium is more limited compared to tiotropium.

Applicability. There are no major differences in applicability between aclidinium and tiotropium.

Ease of use. There are no major differences between aclidinium and tiotropium.

Final conclusion. For the treatment of COPD, the therapeutic value of aclidinium is equal to that of tiotropium.