New bronchitis study findings recently were published by researchers at University of Arizona, College of Medicine

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Scientists discuss in ‘Short-course fluoroquinolones in acute exacerbations of chronic bronchitis’ new findings in bronchitis. "It is estimated that 50-70% of acute exacerbations of chronic bronchitis (AECB) are caused by bacterial infections. Appropriate selection of antimicrobials may lead to better outcomes and reduced healthcare costs," investigators in the United States report (see also ). "Respiratory fluoroquinolones (moxifloxacin, levofloxacin and gemifloxacin) have a broad spectrum of activity against most AECB-causing pathogens and are used as first-line treatment in patients with comorbidity, severe airway obstruction or recurrent exacerbations. We review studies, identified through a MEDLINE search, that compared clinical efficacy and speed of recovery for short-course (=5 days) fluoroquinolone therapy with commonly prescribed standard therapy (=7 days). Among 177 studies reporting the use of fluoroquinolones for AECB treatment, 23 used a short-course regimen, shown to be at least as effective as standard therapy of 7 or more days duration," wrote M.H. Gottfried and colleagues, University of Arizona, College of Medicine.
The researchers concluded: "Furthermore, evidence suggests that short-course therapy offers faster resolution of symptoms, faster rate of recovery, fewer relapses, fewer and shorter hospitalizations, and longer time between recurrences."


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**New findings from University of Arizona, College of Pharmacy in the area of multiple sclerosis described**

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New research, 'Will the newer oral MS agents be welcomed by managed care organizations,' is the subject of a report. "Of the new generation of multiple sclerosis (MS) drugs, 4 oral agents--dalfampridine, laquinimod, cladribine, and fingolimod--could produce significant changes in the treatment landscape for MS. Current first-line treatments, which are administered via injection, are associated with poor treatment adherence, often due to lack of efficacy (perceived and real), adverse drug reactions, cost, and injection anxiety," scientists in the United States report (see also).

"Although concerns about safety and cost remain, preliminary results indicate that these oral agents are as effective as, or even more effective than, current injectable treatments. Oral MS agents are expected to cost patients less in out-of-pocket expenses, which will likely increase treatment adherence and lead to an overall reduction in medical costs," wrote R.J Lipsy and colleagues, University of Arizona, College of Pharmacy.

The researchers concluded: "While many patients may prefer an oral MS drug, the ultimate choice of therapy will be a shared patient-physician decision based on a multitude of factors, including the efficacy of the current treatment regimen, patient compliance history, and the difference in out-of-pocket expenses."

Lipsy and colleagues published their study in The American Journal of Managed Care (Will the newer oral MS agents be welcomed by managed care organizations? The American Journal of Managed Care, 2010;16(8 Suppl):S227-33).

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