



POSTER PRESENTATION

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Real-life effectiveness of a new allergic rhinitis therapy (MP29-02*) in Sweden

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Background

Over one quarter of individuals in Sweden report suffering from allergic rhinitis (AR), placing a considerable burden on both sufferers and society [1]. In clinical trials MP29-02* (a novel intranasal formulation of azelastine hydrochloride (AZE) and fluticasone propionate (FP) in an advanced delivery system) provided complete/near complete symptom control in 1 of 6 moderate/severe seasonal AR (SAR) patients [2] and complete relief in 7 of 10 mild/moderate perennial AR (PAR) patients [3]. This study aimed to assess the effectiveness of MP29-02* in routine clinical practice.

Method

Results from Sweden (n=431) from a multinational, multicentre, prospective, observational study in adults/adolescents with moderate/severe AR for whom MP29-02* was prescribed according to SPC are reported. Patients had acute AR symptoms on Day 0. Intended study duration was 14 days. Patients assessed symptom severity using a visual analog score (VAS) from 0mm (not at all bothersome) to 100mm (very bothersome), in the AM prior to MP29-02* use, on Days 0, 1, 3, 7 and last day. This was described for the whole population and according to phenotype (i.e. SAR, PAR or SAR + PAR) and severity (less severe: baseline VAS=50-74mm; more severe: baseline VAS ≥75mm). Patients' perceived level of disease control (i.e. well-, partly- and un-controlled) was assessed on Day 3.

Results

MP29-02* (1 spray/nostril bd; daily doses: AZE:548µg, FP:200µg) reduced VAS score from 67.9mm at baseline to 32.1mm by last visit, a shift of 36.1mm. Effectiveness was consistent regardless of phenotype or disease

severity. Symptom burden reduced rapidly in the first days of treatment. 27% of all patients felt their symptoms were 'well controlled' and 43% felt their symptoms were 'partly-controlled' at Day 3. This perception of 'well-controlled' symptoms at Day 3 corresponded to an optimal VAS cut-off in Sweden of 39mm. On average patients treated with MP29-02* crossed this well-controlled VAS cut-off by Day 7.

Conclusion

MP29-02* provides effective and rapid symptom control in Swedish AR patients in a real-world setting irrespective of disease phenotype or severity, with responder rates higher than those observed in a clinical trial with moderate/severe AR patients, supporting MP29-02*'s position as the drug of choice for the treatment of AR.

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