

Bronchodilators: Past, Present and Future.

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Bronchodilators have been used as a mainstay treatment for asthma and COPD for over 35 years.

Selective beta-2-agonists, such as salbutamol, were first developed in the 1960's. Although highly efficacious and safe, their major drawback was that they had a duration of action of only 4-6 hours. Advances were made in the 1980's with the development of the long-acting beta-2-agonists (LABAs), salmeterol and formoterol, with 12-hour bronchodilator activity, allowing twice-daily dosing. However, there are now several compounds such as indacaterol, vilanterol trifenate, olodaterol and abediterol undergoing clinical evaluation as once-daily, ultra-long acting agents, producing significant increases in lung function in asthmatic and COPD patients over 24-hours. This third generation of beta-2-agonist bronchodilators will also be administered as the more potent single R-enantiomer, whereby a smaller dose can be used, minimising systemic side effects. In the future, in asthma, these new beta-2-agonists are likely to be combined with other drugs, such as inhaled corticosteroids, rather than being used as monotherapy. Combinations such as indacaterol/mometasone and vilanterol trifenate/fluticasone furoate are in development.

An alternative approach to bronchodilatation in COPD is through antagonists of the airway muscarinic receptors. The original short-acting compounds, such as ipratropium bromide, have now been improved with the development of tiotropium bromide, the first long-acting "M-3-selective" muscarinic antagonist (LAMA), with a duration of action of 24-hours. Other compounds currently in Phase III development include: NVA-237, aclidinium bromide and umeclidinium. These agents may be used as monotherapy or combined with LABAs to promote a dual-bronchodilator mechanism eg. NVA-237/indacaterol, umeclidinium/vilanterol trifenate, aclidinium bromide/formoterol and tiotropium bromide/olodaterol.

Finally, it is now possible to combine beta-agonist and muscarinic antagonist bronchodilator activity in a single, dual-pharmacophore molecule (MABA). GSK 961081 is currently in Phase II development for COPD.