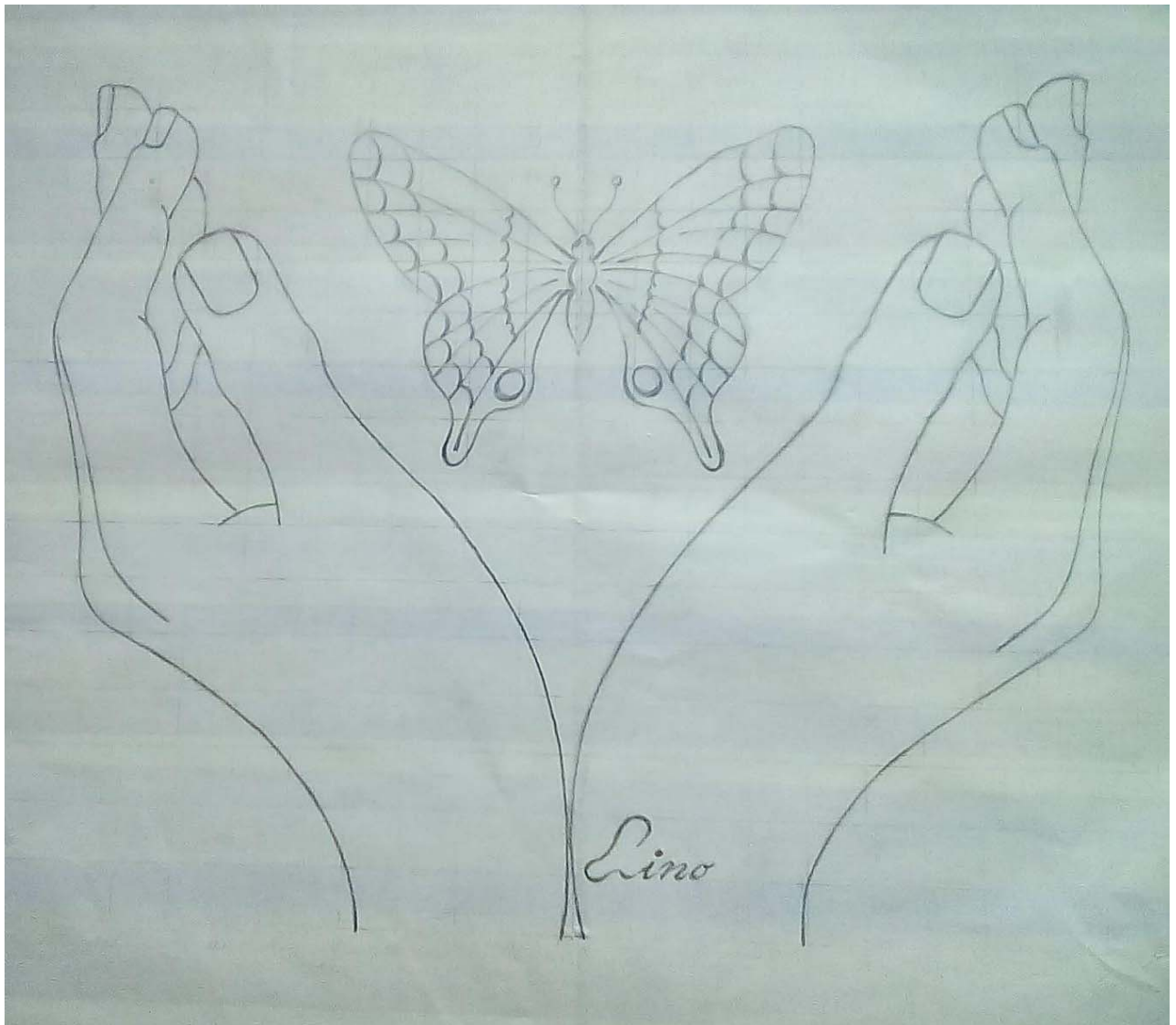


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EFFECTIVENESS OF PIGITIL IN PATIENTS SUFFERING FROM COPD AND RECURRING UTIs: MEDICAL AND MEDICAL ASPECTS.

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KEY-WORDS: COPD, UTI RECURRENCE, COMPLIANCE.

ABSTRACT

Aim: the purpose of our study is to evaluate the effectiveness of PIGITIL in the prevention of relapses of COPD and urinary tract infections. **Materials and Methods:** 10 subjects (4 men and 6 women) with an average age of 81 years (minimum age of 74 and maximum age of 86) suffering from COPD and recurrent urinary infections were enrolled in our study. All enrolled subjects, over the age of 65, voluntarily agreed to undergo anamnesic evaluation of the number of relapses of COPD and UTI and treatment with PIGITIL. The enrolled subjects were followed in follow-up or contacted by telephone to obtain information on relapses and compliance with treatment. All patients provided informed consent to take the medical history and process their personal data. Following the anamnestic evaluation, the patients enrolled in the study underwent treatment with PIGITIL for 1 month and subsequent outpatient follow-up or via quarterly telephone contact. **Results:** the analysis of the data did not reveal a statistically significant change in the value of relapses of COPD or UTI 3 months after treatment with PIGITIL (800 mg x 2 times a day for 30 days). No adverse events were reported during treatment. A statistically significant reduction in compliance with therapy linked to drug costs was found. **Discussion:** From the data in the table it emerges that therapy with PIGITIL for 30 days does not determine a statistically significant reduction in the values of COPD or UTI relapses. The sample size does not allow separate analysis of COPD relapses and UTI relapses. It will be interesting to continue the follow-up and increase the

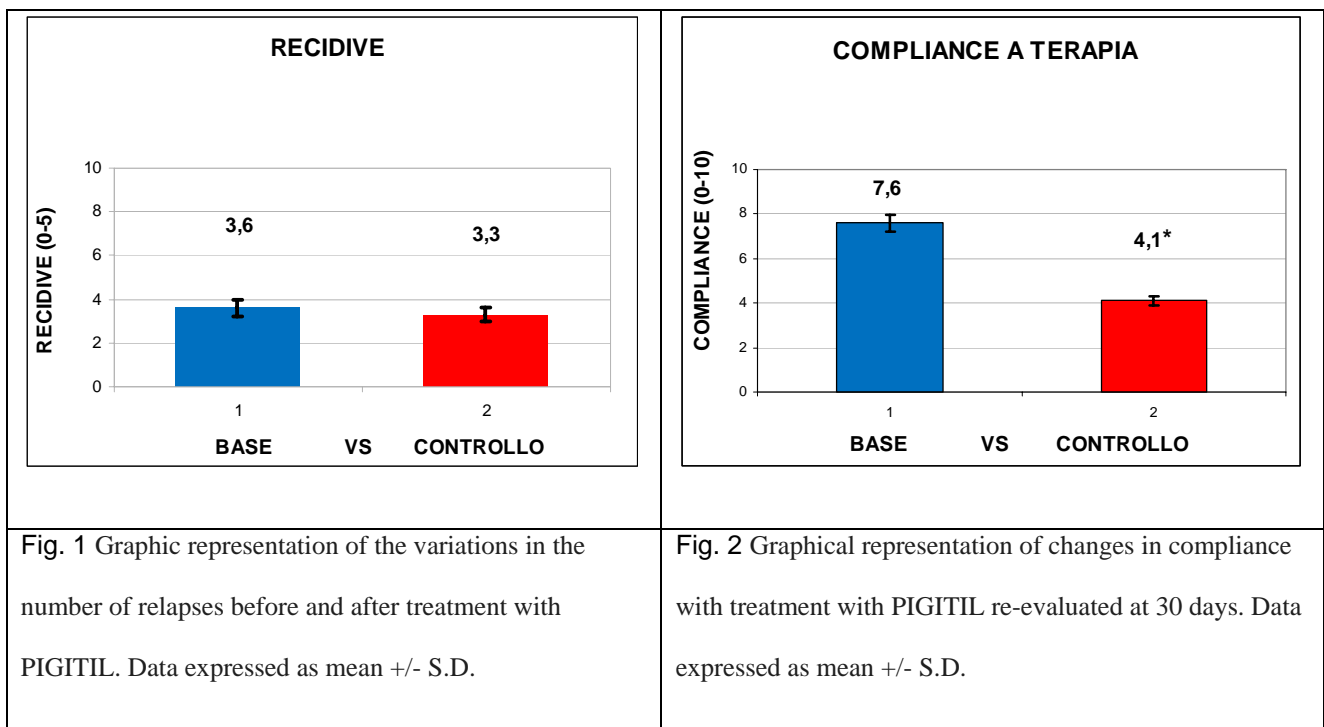
treatment period to 60 days as a guideline. The data extrapolated after the 1st month of treatment with PIGITIL showed a statistically significant reduction in compliance with therapy due to the cost of the treatment. **Conclusions:** The pilot study confirm the safety of the pharmacological treatment given the absence of side effects reported by patients. The size of the sample under examination does not allow us to differentiate COPD relapses from UTI relapses. The data relating to compliance highlight a statistically significant reduction in adherence to treatment due, according to patients, to the cost of the treatment for the duration of the 30-day therapy.

TABLE

	BASE \pm DS	CONTROL \pm DS	Probability (P)
RECIDIVE a 3 mesi (1-5)	3,600 \pm 0,516	3,300 \pm 0,483	<0,081
COMPLIANCE 1° mese (0-10)	7,600 \pm 0,699	4,100 \pm 0,994	< 0,001*

Tab. 1 Descriptive analysis of data relating to treatment with PIGITIL. The probability is considered significant only if P < 0.050.

FIGURES



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