Does a Pharmacist-Led Inhaler Intervention Increase Inhaler Access and Reduce Hospital Readmission?

STUDY DESIGN

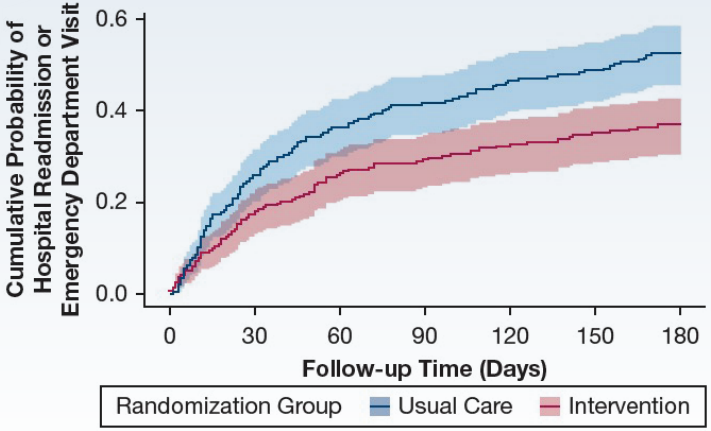
- Single-center randomized controlled trial of 914 patients (56% with COPD, 36% with asthma) on long-acting inhaler therapy
- Patients received usual care or the intervention wherein a pharmacist reviewed inhaler therapy and provided recommendations prior to discharge.

RESULTS

- 50% of patients were receiving inappropriate inhaler therapy
- Overall, mean time to first readmission/emergency department (ED) visit was similar (121 vs 117 days; HR, 0.97; 95% CI, 0.79-1.18).

Patients with COPD in the intervention arm had a **lower risk of readmission/ED visit** at both 30 days and 6 months vs usual care (HR, 0.63; 95% CI, 0.42-0.93).

No difference was seen for patients **without** COPD.



A significant reduction in readmission/ED visit time was observed for patients with COPD in the intervention group but was NOT seen in patients without COPD compared to usual care.

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Parrott TD, et al. *CHEST Pulmonary* | 2026
@journal_CHEST | https://doi.org/10.1016/j.chpulm.2025.100231