Dr Kevin Gruffydd-Jones
Box Surgery
Corsham
Wiltshire SN14 9NA

July 25, 2006

Dear Alana,

NICE appraisal on use of inhaled corticosteroids for asthma in children

The General Practice Airways Group is delighted to make this submission in relation to the above technology appraisal. We commissioned this piece of work from 2 primary care respiratory specialists. As the organisation representing primary care professionals with an interest in respiratory medicine, we would commend this piece of work to you, and confirm that the submission accurately reflects some of the very real challenges of managing asthma in the community.

We have consulted widely with our membership in developing this submission. We have also consulted with other respiratory, and primary care groups. We are delighted that the following organisations broadly support the content of our submission:

- Royal College of General Practitioners
- British Thoracic Society
- Asthma UK
- Education for Health

The key points we would like to highlight are as follows:

1. Asthma has a high prevalence in children (12.5%-20% depending on definition)

2. Most children with asthma are treated in primary care.

3. There is evidence of undertreatment with inhaled corticosteroids (ICS) and overtreatment with high dose ICS in children.

4. Asthma diagnosis can be difficult , especially in pre-school children where objective tests are difficult to perform and confusion with other wheezing conditions can occur.

5. Clinical trials of ICS in "asthmatic" children may not therefore represent the true clinical asthma phenotype.

6. In older children randomised controlled trials of inhaled steroids tend to have narrow inclusion criteria which include lung function reversibility. This may only represent one limited asthma phenotype. Asthma is a heterogeneous condition with a variety of phenotypes. Response to inhaled corticosteroids (and ICS/LABA) combinations may vary according to phenotype e.g. the presence or not of other allergic disease.

7. In the "real world " situation the response to inhaled corticosteroids is determined by factors other than the drug itself. One important determinant of successful asthma control is adherence to ICS therapy and another is the presence of untreated active rhinitis.

8. An important determinant of successful adherence is the choice of delivery system and inhaler technique. Other factors relate to psychosocial factors and the attitudes of the parent and child towards their medication and disease.

9. Outcome measures in trials of ICS have traditionally used measures of lung function . This has a poor correlation with symptoms and health status .Asthma exacerbations are an important outcome measure which have an economic impact on the health community, but trials need to be of sufficient power and duration to show a significant effect No single outcome measure reflects asthma control. Composite measures of asthma control may more accurately reflect the effect of the disease and the effect of any asthma therapy upon the child with asthma.

We look forward to contributing to later stages of the appraisal process, too. In particular we are keen that a primary care perspective is available to you at the first meeting of the Appraisal Committee in 2007, and have submitted suggested names to you already.

If we can help in any way in the interim, please do not hesitate to get in touch.

Kind regards,

Dr Kevin Gruffydd-Jones

Dr Stephen Holmes
Chairman, General Practice Airways Group