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BGH/KD

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by email

Re: *Technology Appraisal of Inhaled Corticosteroids*

The British Thoracic Society (BTS) does not intend to make a detailed submission on the above Appraisal at this stage of the process. This is particularly so since we are aware that colleagues in the General Practice Airways group have produced a detailed document which we broadly support and see no point in duplicating. We would however like to emphasise a number of important points.

1. The majority of patients with a diagnosis of asthma can achieve control of their asthma with an inhaled steroid taken regularly, supplemented by occasional doses of a short acting beta-agonist. However, a sizeable minority need additional medication, most usually a long acting beta-agonist.
2. A number of different inhaled steroid agents are available, but more importantly there are also a variety of inhaler devices for delivery of some of the steroids. Although some devices are intrinsically easier to use than others, there are marked differences between patients in their technical ability to use the various inhalers and in the acceptability of the inhalers to them.
3. Formal studies which compare different agents can be difficult to interpret if attention is not paid to the type of device used in the study for each agent, and to the care with which inhaler technique was optimised during the study. We would ask that the Appraisal Report takes careful note of this factor.
4. Likewise, exclusion criteria would usually prohibit patients who cannot use an inhaler from taking part in a study, but the number of such excluded patients is not always apparent. The applicability of study results to the general asthma population must also be considered carefully.

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5. Research performed specifically to assess inhaler technique in a range of subjects generally identifies a significant percentage of individuals who cannot use any device, the number being greater for metered dose inhalers but not negligible with any device. A device which can be easily used by 70% of the population may still be used less efficiently by some individuals than a device which only 30% of the population use well.
6. It follows that in order to maximise the chances of patient concordance, it is necessary to have a range of drug / inhaler combinations available to allow for patient heterogeneity. It is possible that the appraisal may identify some agent / device combinations which appear to be less effective or less cost-effective than others, and the Final Appraisal Report will necessarily reflect this. However, the BTS believes it would be deleterious to asthma care in the UK if major limitations were placed on the range of devices available.

Finally, our colleague Dr David Spencer, who has represented BTS at earlier meetings on this topic, and is a Consultant in Respiratory Paediatrics, wishes to emphasise that selection of, and preference for, different devices in children deserves special consideration, and that the child's preference will have an impact on compliance/adherence/concordance.