

Corticosteroids for the treatment of chronic asthma in adults and children aged 12 years and over

Comments:

Section 2.4, page 5

I would say mortality from asthma is unusual rather than rare. I think it is also worth making a point that numerous studies have shown that 90% of these asthma deaths are preventable.

Section 2.7, page 5

I think increasing the dose of inhaled steroids should be put before slow release beta 2 agonist tablets as slow release beta 2 agonist tablets tend to have quite a lot of side effects.

Section 2.7, page 6

The last sentence would better read 'The majority of people with asthma are treated at steps 1, 2 or 3.'

Section 2.8, page 6

I think it would be best to say that most exacerbations can be treated with high dose inhaled short acting beta 2 agonists and often a short course of oral steroids is needed.

Section 3.1, page 6

The new combination inhaler of BDP and formoterol is now I think licensed and will shortly be marketed, should this be mentioned in this section?

Section 3.4, page 7

I think the second part of this section needs to be put into context. I think it would be better to say 'In adults systemic adverse effects are very unusual in doses below 800 micrograms per day. Above this dose biochemical adrenocortical suppression may occur although it is extremely rare for this to be of clinical significance. A reduction in bone mineral density has been reported in some cross sectional studies but not others, any effect that is seen is small'. I'm sure Jonathan Gregg will comment on growth retardation in children but again I think this should be set into context by saying growth retardation has only been reported at above licensed doses.

Section 4.3.5, page 17

I think this should be reworded to say 'Clinical specialists noticed that higher doses of ICS (greater than 800 micrograms beclomethasone dipropionate equivalent) were associated with an increased risk of systemic adverse events. Although some small reductions in bone mineral density have been seen in some cross sectional studies it needs to be born in mind that high dose inhaled steroids are often used to prevent exacerbations which require courses of oral steroids which undoubtedly have deleterious effects on bone density'.