

-hi points 5 and 7 are specifically for young children.

Cheers

Jonathan

Bukky Gibson wrote:

>Received with thanks. Is this covering both appraisals?

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>Dear Bukky - my personal statement.

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>Best wishes

>Jonathan

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>Personal statement

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- > 1. For both adults and children, BDP via a MDI/spacer is adequate for  
> doses up to 400 micrograms per day.
- > 2. As the inhaled corticosteroid dose increases, the reduced systemic  
> bioavailability via gastrointestinal absorption of FP and  
> budesonide make these compounds more attractive, especially for  
> young children.
- > 3. There are insufficient head-to-head data from non-inferiority  
> randomised controlled trials to determine the point where FP and  
> Budesonide becomes cost effective. A major problem is the  
> unwillingness of the pharmaceutical industry to provide placebo  
> inhalers and drugs to independent researchers to perform these  
> type of studies. A requirement for manufacturer to make available  
> inhaled asthma medication as MDI /spacer preparations, along with  
> appropriate placebos, would represent a major advance.
- > 4. Long acting beta-2 agonists (LABAs) are an important part asthma  
> therapy in both children and adults. They are effective in  
> reducing the number of attacks (exacerbations) -which in turn  
> reduces costs to patients and to the NHS. In my view, they are  
> more effective than doubling the dose of inhaled corticosteroids  
> (in part because of the shape of the dose/response curve for  
> steroids). LABAs should never be given in isolation. Where  
> patients are stabilised on a dose of inhaled corticosteroid and  
> LABA, a combination inhaler is cost-effective. However, the  
> widespread use of combination inhalers discourage early cessation  
> of LABAs during the "step down" phase of treatment.
- > 5. The absence of a MDI preparation for the budesonide/formoterol  
> combination (symbicort) is major deficiency for the treatment of  
> asthma in children under 7 yrs of age- since this combination may  
> have some advantages over the flixotide and serevent combination  
> (seretide) - i.e. symbicort may be temporarily increased during  
> periods of instability.
- > 6. Combination inhalers discourage the use of "as required" LABA  
> (e.g. during predictable periods of asthma instability - (high  
> pollen days)) - a therapeutic strategy which, in my view has nor  
> been adequately explored.
- > 7. A minority of wheezy preschool children will have ongoing atopic  
> asthma- and there are a lack of data on the efficacy of LABAs in  
> children with atopic asthma between 1 and 4 years of age.
- > 8. Although there is a general view that more sophisticated and  
> portable inhalers (e.g. Accuhaler, Turbohaler) improve compliance  
> - there is no convincing evidence for this. The newer small volume  
> inhalers do not present a major portability problem where

> medications are taken at home (i.e, morning and evening).  
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