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

Bukky Gibson wrote:

>Received with thanks. Is this covering both appraisals?
>
>Dear Bukky - my personal statement.
>
>Best wishes
>Jonathan
>
>Personal statement
>
> 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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