

CORRESPONDENCE

Corticosteroid-resistant asthma: pathogenesis and clinical implications for management

The article by SZEFLER and LEUNG [1] on corticosteroid-resistant asthma is a useful and thorough review of a difficult topic. I am, however, concerned that three different conditions are becoming confused and this could have important implications for therapy. These conditions are: 1) difficult to control asthma; 2) corticosteroid-resistant asthma; 3) other respiratory disease incorrectly diagnosed as asthma.

These differences are well illustrated in table 1 of the article - potential mechanisms for poor response include "Other respiratory disorder" and "Poor adherence".

Surely it would be best to reserve the label of corticosteroid-resistant asthma for people who truly have asthma as shown by variability in airflow obstruction, who do not respond to adequate doses of corticosteroids which are truly taken. If the label is extended to include anyone with respiratory disease, which may or may not be asthma, who do not get better with corticosteroids which they may or may not be taking, then muddled thinking will contribute to a difficulty in understanding the nature of the problem and the biological mechanisms behind it. Furthermore, such patients may be given entirely inappropriate treatment because of an inappropriate label.

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1. Szeffler SJ, Leung DYM. Glucocorticoid-resistant asthma: pathogenesis and clinical implications for management. *Eur Respir J* 1997; 10: 1640-1647.

REPLY

From the authors:

We basically agree with your concern and submit the following definitions for the three terms you listed:

1) Difficult to control asthma is any form of asthma which does not respond to conventional forms of therapy. This includes corticosteroid-resistant asthma, but could include individuals who are not responding to other therapies as well, or are poorly compliant, *i.e.* it may have multiple aetiologies; 2) Corticosteroid-resistant asthma should be reserved for patients who truly have asthma, but do not respond to adequate doses of corticosteroids which are truly taken. As noted in a recent review [1], most patients have "corticosteroid insensitive asthma", *i.e.* they could respond to supraphysiological doses of steroids, but such doses would place the patient at risk of significant adverse effects from therapy; 3) Other respiratory disease should not be referred to as corticosteroid-resistant asthma [2]. Therefore any patient with recurrent wheezing who is poorly responsive to therapy should be thoroughly evaluated for other potential diagnoses, *e.g.* upper airway abnormalities or cystic fibrosis, that would not respond to steroid therapy.

It is therefore important to carefully differentiate these patients before unnecessary treatments are used in management.

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1. Woolcock A. Corticosteroid-resistant asthma: Definitions. *Am J Respir Crit Care Med* 1996; 154: S45-S48.
2. Spahn J, Szeffler SJ, Leung DYM. Difficult to control asthma: new insights and strategies for management. *In*: Szeffler SJ, Leung DL, eds. *Severe Asthma: Pathogenesis and Clinical Management*. New York, Marcel Dekker, Lung Biology in Health and Disease Series, 1995; pp. 497-535.