



SHAREABLE PDF

AGORA

CORRESPONDENCE

ERJ European Respiratory Journal Eur Respir J 0903-1936/1399-3003 European Respiratory Society 10.1183/13993003.00651-2020 ERJ-00651-2020 AGORA CORRESPONDENCE

Achieving the balance between evidence and simplicity CORRESPONDENCE CORRESPONDENCE Achieving the balance between evidence and simplicity

Beasley Richard^{1,2}, Braithwaite Irene^{1,2}, Semprini Alex^{1,2}, Kearns Ciléin^{1,2}, Weatherall Mark^{2,3}, Harrison Tim⁴, Papi Alberto⁵, Pavord Ian D.⁶,

1Medical Research Institute of New Zealand, Wellington, New Zealand. 2Capital and Coast District Health Board, Wellington, New Zealand. 3University of Otago Wellington, Wellington, New Zealand. 4Nottingham NIHR Biomedical Research Centre, University of Nottingham, Nottingham, UK. 5Respiratory Medicine Unit, Dept of Medical Sciences, Università di Ferrara, Ferrara, Italy. 6Oxford Respiratory NIHR BRC, Nuffield Dept of Medicine, University of Oxford, Oxford, UK.

Correspondence: Richard Beasley, Medical Research Institute of New Zealand, Private Bag 7902, Wellington 6242, New Zealand. E-mail: richard.beasley@mrnz.ac.nz 2020202055011032020120320202020

From the authors:

We thank B. Lipworth and colleagues for their insightful comments and for raising the important issue of distinguishing between maintenance and reliever budesonide–formoterol use within the anti-inflammatory reliever (AIR) therapy regimen. We agree that such a distinction may be artificial and not be possible in clinical practice. We consider that this is an important conceptual issue but one that may have limited clinical relevance, when prescribing budesonide–formoterol according to a maintenance and reliever therapy regimen in asthma. Indeed it has been shown, from electronic monitoring of inhaler use, that there is such marked variation in medication use when budesonide–formoterol is used as a maintenance and reliever therapy, both long term and prior to severe exacerbations, that such differentiation is both unrealistic and not required in clinical practice [1, 2]. Despite the potential for confusion as to how to differentiate between maintenance and reliever medication use, there is substantive evidence that when inhaled corticosteroid (ICS)–formoterol is prescribed according to the regular maintenance ICS–formoterol and reliever regimen, greater efficacy is obtained compared with regular maintenance ICS or ICS–long-acting β -agonist together with short-acting β -agonist (SABA) reliever therapy [3, 4]. The conceptual schematic video is provided to illustrate the importance of both the maintenance and reliever components of this regimen [5].

Name: Doctor: Date of plan:

Asthma action plan using your budesonide/formoterol 200/6 μ g (Symbicort) on demand[#]

Use more puffs when you need it,
less when you don't

Up to 8 puffs per day
depending on symptoms

Seek medical advice if you need
 \geq 8 puffs per day on a regular basis[¶]