

FOREWORD

Although highly effective treatments for asthma are now available, asthma is often undertreated and poorly controlled.^[1] The aim of this Supplement is to present an overview of the literature on current treatment choices for the management of asthma, and to consider what options are available, based on recent evidence from clinical trials. Today, physicians have many choices, and current recommendations, such as the internationally recognised Global Initiative for Asthma (GINA) 2002 guidelines,^[2] help physicians to make more informed decisions that enable their patients to lead normal lives. These guidelines offer a rational, peer-reviewed source of information relating to current pharmacological treatments. This Supplement will consider in more detail the role that these agents have in the management of asthma, using an extensive review of the published literature.

In the first of three articles on the subject, Peter Creticos discusses the treatment options for initial maintenance therapy of persistent asthma, reviewing the roles of inhaled corticosteroids (ICSs) and leukotriene receptor antagonists (LTRAs). Comparative trials indicate that ICSs are more clinically effective than LTRAs with respect to every parameter that has been measured, and are associated with greater improvements in quality of life benefits (in adults) and all other measures of overall control of asthma. However, in patients with more severe disease, the evidence indicates that combination therapy with an ICS plus a long-acting β_2 -agonist (LABA) is more effective as initial maintenance therapy than ICSs or LTRAs alone. Theophylline and cromones are also considered to be less effective than ICSs as initial treatment for asthma.

The second article, 'Long-Acting β_2 -Agonists or Leukotriene Receptor Antagonists as Add-On Therapy to Inhaled Corticosteroids for the Treatment of Persistent Asthma', by Nils Ringdal, assesses the treatments that may be added to ICSs if these do not control asthma in low doses – so-called 'Step 3' of the GINA guidelines.^[2] This article compares LABAs and LTRAs as add-on treatments in patients whose asthma is inadequately controlled with ICS monotherapy. The data reviewed in this article indicate that LABA and corticosteroid in combination are associated with greater improvements in pulmonary function and asthma control when compared with the use of an ICS in combination with LTRAs.

The final review, 'Effects of Inhaled Corticosteroids, Leukotriene Receptor Antagonists, or Both, Plus Long-Acting β_2 -Agonists on Asthma Pathophysiology: a Review of the Evidence', by Maurizio Vignola, examines new evidence on the effects of treatment on airway inflammation in asthma. There is growing evidence to suggest that ICSs are beneficial in reversing structural changes in the airway that contribute to remodelling, and there is also growing evidence to indicate that LABAs and ICSs, when used in combination, have greater effects on the structural changes in the airway. In contrast, LTRAs have relatively little effect on the inflammatory process in asthma.

In summary, this Supplement provides an extensive evidence-based overview of maintenance therapies in persistent asthma. It addresses the questions that most physicians treating patients with asthma regularly face: ‘How do I appropriately treat my patient, (a) initially, and (b) when they are symptomatic on ICSs?’ It also examines the evidence supporting the benefits of combination therapy, and addresses the issue of what is the most effective combination strategy – an ICS with a LABA or an LTRA? We hope that this Supplement will provide a relevant, extensive and up-to-date source of information to aid the physician in decision-making.

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References

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