The Guideline on ‘Asthma in Adults’ published by the Dutch College of General Practitioners (NHG) generally provides clear and well-founded recommendations about diagnostics and non-medical treatment. The choices made in the step-by-step plan are justified by clear arguments. At the time this Guideline was being completed, tiotropium had not yet been authorised for the treatment of asthma, and the Guideline was therefore right in not recommending it. Meanwhile, this drug has been registered for maintenance treatment of asthma patients who have suffered one or more severe exacerbations in the past year, in combination with an inhaled corticosteroid and a long-acting β2-sympathicomimetic. The use of tiotropium to treat asthma appears to be on the increase in practice, although it is unknown whether it is being prescribed in accordance with the registered indication.

Some of the choices made in the Guideline are not or insufficiently supported by scientific evidence. There is no evidence that the use of oxygen in acute situations has any added value (Gebu 2015; 49: 39-45). It is doubtful whether the recommendation to use fixed-combination drugs can be regarded as rational pharmacotherapy. Presumed advantages of these combined preparations, such as synergism, addition or effect reinforcement, have not been proven (Gebu 2007; 41: 125-131). A fixed combination should only be used after the dosages of the individual components have been ‘titrated’ and an optimal dose-effect relation has been found. Although the use of fixed combinations is said to improve the ease of use and to enable patients to obtain relief with fewer inhalations, which should increase therapy compliance, there is insufficient scientific evidence that it actually improves compliance. And in any case, compliance is not a clinical outcome measure. Ipratropium has no place in the standard treatment of asthma in adults, but is nevertheless recommended as a nebuliser in the treatment of severe exacerbations, with no scientific evidence provided for this recommendation. Nor is there sufficient scientific evidence for the recommendation to prescribe montelukast in view of its possibly more favourable side-effects profile. This drug is characterised by low efficacy and by side-effects like behavioural and mood problems, and was given a negative evaluation in our review of new drugs for 2000 and 2001 (Gebu 2013; 47: 11-14).

References*


18. Ducharme FM. Leukotriene receptor antagonists as first line or add-on treatment for asthma. BMJ 2011; 343: d5314.


*The literature refers to the Dutch text*