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The aim of this observational study was to investigate if long-term therapy with inhaled corticosteroids could be discontinued in mild asthma when patients were in a clinically stable phase of the disease. Data were derived from a two-year randomised controlled bronchodilator intervention study in family practice. The experimental group consisted of 19 asthmatic patients who had used inhaled corticosteroids daily during at least the year preceding this study. The responsible physician considered the subjects to be able to discontinue their inhaled steroids. The control group consisted of the 70 patients with asthma who had not used corticosteroids in the year preceding the study. After an eight week wash-out period of steroids, the patient characteristics of the two groups were completely comparable. Outcome measures were: drop-outs because of dependency of corticosteroids, the annual decline in forced expiratory volume in one second (FEV1), annual change in nonspecific bronchial responsiveness (PC20 histamine), exacerbations, and symptoms. In the experimental group, 12 of the 19 patients (63%) dropped out during the study because of dependency of corticosteroids. In the control group, only 8 patients dropped out for this reason (11%). This difference was significant (Chi-square = 20.1, p=0.001). In the patients of the experimental group (who continued not using inhaled steroids during at least 12 months) the annual FEV1 decline was much larger than in the control subjects (165 versus 40 ml/yr, p=0.022). From these secondary analyses it was concluded that stopping maintenance treatment with inhaled corticosteroids is not advisable in all patients with mild asthma.

Notes