

Archives of Disease in Childhood, 1989, **64**, 1760–1762

Correspondence

Management of asthma: a consensus statement

Sir,

I am writing in response to the special report by Warner *et al.*¹ Basically, I am in agreement with much of what is written in the article and, indeed, it reflects almost verbatim what I have said many times in lectures and written in various articles—with one major exception. The report comes down very heavily against the use of theophylline preparations and is very one sided in its approach. Although I and my colleagues were the authors of one of the articles pointing out the possible behavioural side effects, these were only in a proportion of children in the lower IQ range and we frequently use theophylline preparations without any trouble. This, of course, is also common practice in many other parts of the world. It must also be pointed out that theophylline preparations are far cheaper than cromoglycate and this is a major factor for many patients. Indeed, the report fails to consider the problem of treating asthma in the developing countries where expensive drugs, such as inhaled steroids and cromoglycate, are often unavailable. Finally, the report treats the wheezy infant under 1 year of age as if it were established fact that all the usual antiasthma medications were effective in this age group—a fact which has certainly not been established. In our experience this is the one age when we try to avoid theophylline preparations at all cost because they almost invariably generate severe excitation and contribute little therapeutic effect.

Now I must come to the real problem as I see it. This report was prepared by a group of self appointed, albeit very qualified, experts. As such, does publication in the *Archives* constitute formal endorsement of their views by the journal or the British Paediatric Association? Is this policy to be taken, for example, as the standard answer to be expected from candidates being examined for Membership or to be used by lawyers in disputed medicolegal cases? Who funded the meeting and was it entirely free from any commercial pressures or biases? For example, were the manufacturers of theophylline products among the sponsors?

Reference

- 1 Warner JO, Götz M, Landau LI, *et al.* Management of asthma: a consensus statement. *Arch Dis Child* 1989;**64**:1065–79.

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Dr Warner comments:

Thank you for giving me the opportunity to reply to Professor Godfrey's letter. We are sorry that he was unable to attend the meeting in person, having been invited at the same time as all other participants. We have no doubt that his input at the meeting would have been of enormous value. However, I am sure he would agree that the 27 participants from 17 countries have provided a spectrum of informed opinions on the diagnosis and management of childhood asthma.

We believe it goes without saying that any publication in any medical journal does not constitute a formal endorsement of the views expressed in the articles by the journal or the British Paediatric Association. When a large group of well qualified experts actually agree on protocols for the management of a chronic condition, however, this must be considered a reasonably authoritative view. The question of whether the recommendations would ultimately be accepted as the gold standard, either medically or legally, is certainly not in the hands of the participants of the meeting or indeed of the journal that published the article. This will be left entirely to the medical profession at large. However, the deliberations of the Consensus have now been reviewed in a large number of meetings in many countries and have been widely accepted and endorsed. Indeed a precis of the document has been translated into Hungarian and Japanese for distribution to paediatricians. The most recent conference of the European Society of Pneumology (Freiburg 1989) also had the opportunity to discuss the document at length and considered it to be a significant and important development.

Virtually all meetings, whether organised independently or as part of a national or international society, are heavily sponsored by drug companies. The Consensus Meeting was also supported by a drug company. However it had absolutely no influence whatsoever over the deliberations and was indeed excluded from participation. Furthermore I would suggest that it is invidious of Professor Godfrey to suggest that the individuals who participated in the construction of this consensus were in any way swayed by commercial pressures or biases.

We are, of course, very pleased that Professor Godfrey is in agreement with most of what is written and indeed it certainly does reflect his multitude of contributions to the medical literature on the management of childhood asthma. It is imperative that we should have a consensus on the management of this condition, which at present is grossly underdiagnosed and undertreated. In 1983 a publication appeared in the *British Medical Journal*, which investigated the specialist approach to childhood asthma. Forty seven specialists answered a questionnaire on the management of childhood asthma. There were considerable differences in opinion for more than half the questions. The authors of this study suggested that 'these results have disturbing implications for the advice that



Dr Warner comments

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