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 Pneumonology (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 independantly 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

specialists give to general practitioners, children, and parents.' Thus for the sake of all children with asthma, all the participants put in an enormous effort to produce the document. Of course it will require modification in the future and no doubt there will continue to be some disagreement between experts on some of the finer points of management. However, general practitioners and paediatricians without the extra insight of paediatric respiratory physicians do need some basic guidelines to follow. It was also appreciated that there would be some regional differences. As such the Australian paediatric respiratory physicians have already modified the document for local national consumption. They, in fact, have decided to exclude theophyllines completely as being totally unacceptable at any age in the management of asthma and were also unhappy about the use of any other oral bronchodilator. However the remainder of the document was accepted.

The document also clearly outlines that there is virtually no controlled trial evidence of the efficacy of any treatment in children under the age of 1. Thus any judgments on management at this age are best based on clinical experience and anecdotes. It was this age group that generated the greatest discussion in the meeting. However for the remainder, it was accepted even by paediatricians from those countries with a strong inclination to use theophyllines, that they should be demoted to a secondary role in management with the inhaled prophylactic compounds being preferred. When accounting for the costs of the use of treatment, one must also consider the need for monitoring, which of course is essential with theophyllines because of the narrow therapeutic index. However, by comparison there is an enormous margin of safety with the use of the inhaled compounds.

Dr Costain was invited to respond to the letter by Professor Godfrey:

In his letter Professor Godfrey raises several issues which are familiar concerns for those involved in organising consensus conferences and statements. The King's Fund Centre has been organising national concensus conferences since 1984 and has now published statements covering a wide range of issues. It has never been the intention, either explicitly or implicity, for these to be prescriptive nor had it ever been suggested that the recommendations reflect the only approach to a particular issue. Rather they are statements of what appears to be the best approach given the current state of knowledge. As far as I am aware this is true for consensus statements produced elsewhere and where such statements suggest clinical protocols, they have usually explicitly allowed for deviations to the recommendations to be made where appropriate by clinicians.

On the question of bias, it is not only commercial interests which one has to guard against. We always take considerable care that all interested opinions are considered, although the panel itself clearly has the responsibility for deciding the final recommendations.

There is wide support, both in the United Kingdom and abroad, for the consensus approach to complex or controversial issues. It would be regrettable if fear of misuse were to make production of such statements more difficult.

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Prognostic value of creatine kinase BB-isoenzyme in high risk newborn infants

Sir,

We read with interest the report by Ruth on the prognostic value of creatine kinase BB-isoenzyme (CK-BB) in the newborn infant.[1] We have studied 14 infants with birth

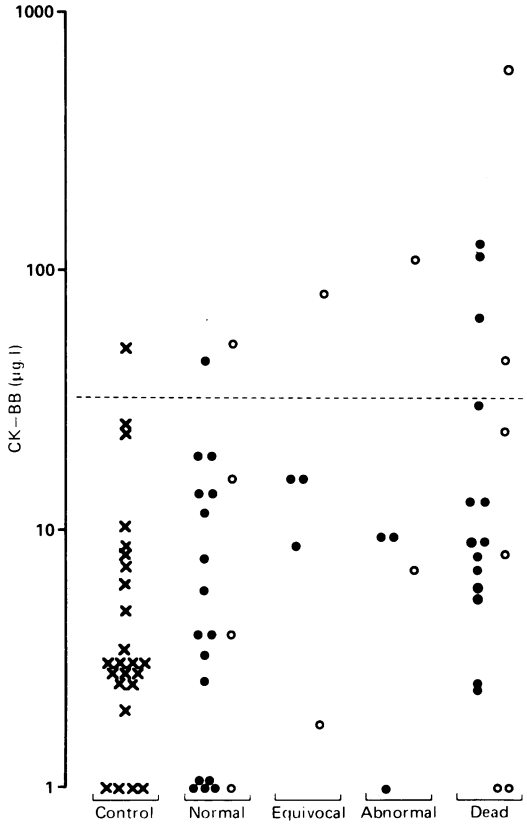

Figure *Serum CK-BB concentrations in asphyxiated (open circles) and very low birthweight (closed circles) infants categorised by outcome, compared with 24 term control infants (crosses). The upper 95% confidence interval derived from the control group is shown.*

Dr Warner comments

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Notes