CORRESPONDENCE

Bronchial Asthma: Diagnosis and Long-Term Treatment in Adults

by Prof. Dr. med. Dieter Ukena, Liat Fishman, Prof. Dr. med. Wilhelm-Bernhard Niebling in volume 21/2008

Common Constellation

In their article, the authors write that administering leukotriene receptor antagonists should be considered in adult patients with asthma if concomitant allergic rhinitis is present.

Since this constellation can be assumed to be common, which further criteria justify the use of leukotriene antagonists or speak against their use? For example, in treatment step 3, is a combination of low-dose inhaled corticosteroids and leukotriene antagonists beneficial if severe seasonal rhinitis is present that is already being treated with cortisone inhalers (for example, 2×1 puffs of mometasone furoate)? DOI: 10.3238/arztebl.2008.0842a

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Conflict of interest statement
The author declares that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

In Reply:

Visser emphasizes some important aspects of the indication for montelukast, for which some particular aspects have to be remembered.

The therapeutic recommendation of the Federal Joint Committee (G-BA) 15. 11. 2007 (Deutsches Ärzteblatt 2008; 105 (18): A 966 - 8) is informative and precise. Montelukast is licensed as adjunct treatment in patients with mild or moderate persistent asthma, that cannot be controlled sufficiently with inhaled corticosteroids and short acting ß2 sympathomimetic drugs taken as needed.

In this setting, combining inhaled corticosteroids and long acting ß2 sympathomimetic drugs is the treatment of choice.

Because of the high costs of treatment, montelukast is used only where none of the other therapeutic options can be applied. Montelukast as monotherapy for asthma is not licensed in persons older than 15. Even for severe persistent asthma in all age groups, it is not licensed. In patients older than 15 in whom montelukast is indicated in asthma, the 10 mg film tablets can relieve the symptoms of seasonal allergic rhinitis.

Combining the therapy of asthma and allergic rhinitis with an inhaled corticosteroid and montelukast is a feasible suggestion in principle.

In children aged 2 to 14 years who have mild persistent asthma, monotherapy with montelukast is indicated only if no severe asthma attacks had occurred that required treatment with systemic corticosteroids and if the children are not able to inhale corticosteroids or these have severe side effects.

We wish to emphasize that in view of the inhalation options available today, this scenario is bound to be a rare exception.

Montelukast can also be used to prevent exercise induced asthma.

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Professor Dieter Ukena has received honoraria for speaking from Altana, AstraZeneca, GlaxoSmithKline, and Boehringer Ingelheim.