

What is already known on this topic

Many inhaler devices are available for administering inhaled corticosteroids

Current guidelines for their use are inconsistent and not evidence based

What this study adds

This systematic review found no evidence that alternative inhaler devices are more effective than pressurised metered dose inhalers for giving inhaled corticosteroids.

Pressurised metered dose inhalers (or the cheapest device) should be first line treatment in all patients with stable asthma

different devices. Further systematic reviews are needed to assess the effectiveness of pressurised metered dose inhalers with or without spacer devices and the effectiveness of training and education about use of inhaler devices. Pragmatic studies are also required to see whether long term compliance is influenced by choice of delivery device.

In summary, we found no evidence that alternative inhaler devices are more clinically effective than pressurised metered dose inhalers for delivery of inhaled corticosteroids. Therefore, pressurised metered dose inhalers or the cheapest inhaler device that patients can use adequately should be used as first line treatment.

This paper is based on a Cochrane review that is available in the Cochrane Library. As with all Cochrane reviews, the authors have committed to keep this review up to date.

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Corrections and clarifications

Relation between insufficient response to antihypertensive treatment and poor compliance with treatment: a prospective case-control study

In this article by Reto Nuesch and colleagues (21 July, pp 142-6) tables 1 and 2 contained incorrect values for several of the patients' characteristics. The authors have now supplied revised values, and these can be found on the *BMJ's* website at bmj.com/cgi/content/full/323/7318/900/DC1. The conclusions of the paper remain the same.

Drug Point

On 1 September we published a drug point about hypersensitivity reaction to balsalazide by V Adhiyaman and colleagues (p 489). The authors and other readers have pointed out to us that we published the same piece on 4 March last year. We have tried to find out how this might have happened, but because of the time lapse our investigation has been fruitless. We apologise for this production error, and we reassure readers that we are examining our procedures to ensure that such duplication does not recur.