

EVIDENCE-BASED PRACTICE SUMMARY FORM

Date: September 23, 2011

Reviewer: Brandon D Rachal

Clinical Question: *In children with persistent asthma (P) what is the effect of a combination inhaled long acting beta agonist and inhaled corticosteroid (I) in comparison to inhaled corticosteroids alone (c) on asthma control measured by morning peak expiratory flow [PEF] volumes (O) over a 12 week period (T)?*

CITATION	POPULATION	STUDY DESIGN	RESULTS				VALIDITY THREATS	IMPLICATIONS	QOE
Tal, et al., 2002	286 Total children with asthma, minimum 6 months Exp: 148 Boys: 90 Girls: 58 Control: 138 Boys: 87 Girls: 51 Age Range: 4-17 Mean Age: 11 years <i>On inhaled corticosteroids (ICS) at constant dose for at least 6 weeks prior to study</i> <i>FEV₁ 40-90% of predicted value</i> <i>Ability to demonstrate correct use of inhaler</i> Exclusions: Known hypersensitivity to study medication	12 week (longitudinal), prospective, double blind, double dummy randomized, parallel-group study IV: inhaled combination budesonide/formoterol <i>Level 1: inhaled combination budesonide/formoterol</i> <i>Level 2: inhaled budesonide</i> DV: morning PEF Methods: Patients were randomized 1:1 to receive 12 weeks inhaled treatment with either budesonide/ formoterol two inhalations twice daily or an equivalent dose of budesonide, two inhalations twice daily Measurements: PEF in L/min using a Mini-Wright peak flow meter recorded by patients via diary cards Statistical Analysis: ITT ANOVA		AX	PX	Mean Difference	Does not specify a value for asthma symptom score as an inclusion criterion Patients with very low or zero asthma symptom score were eligible; mean baseline asthma symptom score was 0.58 (0-4.8) in control group and 0.67 (0-5.8) in experimental group indicating study population had low to mild asthma Small number of patients in the age range 4-8 Overall adherence to treatment good; does not represent general asthma population	Statistically significant: Y Direction of findings: Expected Magnitude of difference: Medium <i>Based on this 1 study I recommend the inhaled combination beta agonist and corticosteroids (I) over inhaled corticosteroids alone (C).</i>	High
			Exp	257	280	23.1			
			Control	274	285	11.1			

p=<0.001

Difference between two groups 12 L/min

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CITATION	POPULATION	STUDY DESIGN	RESULTS				VALIDITY THREATS	IMPLICATIONS	QOE
Pohunek, Kuna, & Boeck, 2006	630 Total children with asthma Exp₁: 216 Males: 140 Females: 76 Control: 213 Males: 147 Females: 66 Age Range: 4-11 Mean Age: 8 years <i>On ICS at constant dose for at least 3 months prior to study</i> <i>PEF ≥50% predicted value</i> <i>Ability to demonstrate correct use of inhaler and peak flow meter</i> <i>Total asthma symptom score of at least 1 (0-6) on a minimum of 4 of 7 days prior to study</i> Exclusions: Known hypersensitivity to study medication	12 week (longitudinal), prospective, double blind, double dummy, randomized parallel-group, active-controlled study IV: inhaled combination budesonide/formoterol <i>Level 1: inhaled budesonide/formoterol</i> <i>Level 2: inhaled budesonide</i> DV: morning PEF Methods: Patients were randomized to one of three treatment groups. Combination budesonide/ formoterol, budesonide and formoterol separately, budesonide alone Measurements: PEF in L/min using a Mini-Wright peak flow meter recorded by patients or family via diary cards Statistical Analysis: ITT ANOVA		AX	PX	Mean Difference	Significant proportion of the population (12%) were aged 4-5 Although symptomatic asthma symptom score required for inclusion, mean baseline was only 0.63 (0-6) indicating low to mild asthma	Statistically significant: Y Direction of findings: Expected Magnitude of difference: Medium <i>Based on this 1 study I recommend the inhaled combination beta agonist and corticosteroids (I) over inhaled corticosteroids alone (C).</i>	High
			Exp ₁	212	241	30			
			Control	216	235	19			

p=<0.001

Difference between two groups
10.9 L/min

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CITATION	POPULATION	STUDY DESIGN	RESULTS				VALIDITY THREATS	IMPLICATIONS	QOE
Morice, Peterson, Beckman, & Zuzana, 2008	622 Total children with asthma at least 6 months Exp₁: 212 Males: 141 Females: 71 Control: 207 Males: 137 Females: 70 Age Range: 6-11 Mean Age: 9 years <i>On ICS at constant dose for at least 30days prior to study</i> <i>PEF ≥50% predicted value</i> <i>Ability to demonstrate correct use of inhaler and peak flow meter</i> <i>Total asthma symptom score of at least 1 (0-6) on a minimum of 4 of 7 days prior to study</i> Exclusions: Known hypersensitivity to study medication	12 week (longitudinal), prospective, phase III, double blind, double dummy, randomized parallel-group study IV: inhaled combination budesonide/formoterol <i>Level 1: inhaled budesonide/formoterol</i> <i>Level 2: inhaled budesonide</i> DV: morning PEF Methods: Patients were randomized to one of three treatment groups. Combination budesonide/ formoterol (DPI), combination budesonide/ formoterol (pMDI), budesonide alone Measurements: PEF in L/min using a Mini-Wright peak flow meter Statistical Analysis: ITT ANOVA		AX	PX	Mean Difference	Significant proportion of the population (12%) were aged 4-5 Although symptomatic asthma symptom score required for inclusion, mean baseline was only 1.6 indicating to mild to moderate asthma	Statistically significant: Y Direction of findings: Expected Magnitude of difference: Medium <i>Based on this 1 study I recommend the inhaled combination beta agonist and corticosteroids (I) over inhaled corticosteroids alone (C).</i>	High
			Exp ₁	221	251	30.2			
			Control	224	244	19.9			

p=<0.001

Difference between two groups 10.3