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References
as this would have been impractical given the already high intolerance rate for the initial procedure and the lack of enthusiasm of patients to have this invasive procedure repeated. However, all patients in the therapy resistant group with symptomatic reflux did have an improvement in gastro-oesophageal reflux symptoms and yet, despite this, their asthma remained difficult to control. In addition, omeprazole in a dose of 20 mg twice daily (a comparable dose to that used in our study) has been shown to provide successful acid suppression in 22 of 23 patients (96%) with Barrett’s oesophagus (a condition associated with excess oesophageal acid exposure) as well as in healthy controls.7 We note that this dose is similar to that used by Morice and colleagues.1 We therefore believe that failure of adequate acid suppression is unlikely to explain the poor response to asthma therapy. The authors suggest that reflux of non-acid contents may have been contributory to therapy resistant asthma. In support of non-acid reflux they cite a number of papers (one of which is a review article) examining the role of both fundoplication in asthma and other conditions including chronic cough. The oesophageal motor is both a non-discriminative and non-controlled and it is notable that the cited review article states that the two controlled studies compared fundoplication with H2 antagonist therapy yet still concluded that the effects of surgical treatment are similar to what would now be regarded as suboptimal medical acid suppression treatment. We are impressed with the faith the authors place in the addition of alginates to proton pump inhibitors as there is no published evidence that suggests non-acid reflux as a major driver in this subject group is interesting but we are pleased to learn that our results of the robust discriminatory properties of FEnO are consistent with his findings in healthy and asthmatic adults.9 Importantly, Dr Deykin also mentions the feasibility problems of standard online FEnO measurements in young children which we and others have found in a series of preschool children. As discussed in our paper,1 the standard online technique requires considerable cooperation and, according to our experience, is rarely successful in children aged less than 4 years.

Dr Deykin’s proposal of using offline measurements has practical advantages over the standard technique which relate to the portability of the samples. However, because of the flow dependence of FEnO standardisation of the flow rate is necessary even when using this technique, so the measurement may not be significantly easier for the child than the online method. In commercial equipment, dynamic resistors and biofeedback views on the computer screen may increase the feasibility of testing children under 5 years of age in young children, but there is still a need to develop new techniques and recommendations for the measurement of FEnO in children of preschool age and in infants. The findings of Dr Deykin and colleagues that offline measurements, when controlled at low and faster flow rates, maintain good discriminatory properties for asthma are certainly important when such recommendations are to be updated. However, further studies are necessary to see whether these results can be extrapolated and applied to young children.

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References

Author’s reply
We appreciate Dr Deykin’s comments regarding our recent study comparing the diagnostic power of exhaled nitric oxide (FEnO) and the oscillometric assessment of peak expiratory flow for asthma in preschool children. We are pleased to learn that our results of the robust discriminatory properties of FEnO are consistent with his findings in healthy and asthmatic adults. Importantly, Dr Deykin also mentions the feasibility problems of standard online FEnO measurements in young children which we and others have found in a series of preschool children. As discussed in our paper, the standard online technique requires considerable cooperation and, according to our experience, is rarely successful in children aged less than 4 years.

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