LETTERS

Correspondence in relation to critical appraisal by Chapman et al

We write to raise some of a number of serious concerns about the recent paper ‘Single maintenance and reliever therapy (SMART) of asthma: a critical appraisal’.¹ We believe that it is written in a misleading fashion and contains important errors of fact, presentation and inference.

The Cochrane review by Bateman et al² that included full comparative data, as he wrote an accompanying editorial³ and cited it in the present paper. It is unscientific, knowing that symptoms and reliever use outcomes are remarkably similar for fixed-dose and SMART, to not present all the data. It is worse then to imply that fixed-dose, even at the highest approved and marketed doses, achieved target levels of control in the populations studied.

The Cochrane review by Cates and Lasserson,⁴ limited to comparisons of SMART compared with inhaled corticosteroid monotherapy, is wrongly invoked to support the contention that SMART does not reduce exacerbations compared with current best practice. Furthermore, the Cochrane authors’ conclusions are selectively edited, removing their definition of current best practice and the qualifying phrase ‘although results of five large trials are awaiting full publication’. Chapman and his co-authors are clearly aware of these data. Another Cochrane review that did examine SMART had no table data for symptoms and exacerbations, or on the basis of asthma control in the populations studied.

The Cochrane review by Chapman and his co-authors is a critical appraisal by Chapman KR, Barnes NC, Greening AP, et al. Single maintenance and reliever therapy (SMART) of asthma: a critical appraisal. Thorax 2010;65:747—52.²


Suggesting that SMART is proved to be associated with concerning airway inflammation is similarly disingenuous and is inconsistent with key messages constructed by the authors.⁵ It is misleading to omit to say that eosinophil counts were in the range of control, that there was no difference in the number of patients who would have been eligible, per protocol, for a maintenance dose increase or decrease, and that fixed-dose combination treatment did not achieve greater improvement in any other asthma endpoint despite more than double the inhaled corticosteroid dose.

This paper purports to be a critical analysis and is published under ‘Review’ in the table of contents. The authors could have presented a balanced description of peer-reviewed evidence, robustly discussing the pros and cons of different medication regimens in clinical practice, but did not. Misrepresentation of scientific evidence is of grave concern. The appropriate response is for the paper to be retracted.

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Competing interests MH has received honoraria for participation on advisory boards and for CME presentations from AstraZeneca and GlaxoSmithKline. The quantum of involvement is significantly greater for AstraZeneca. CSU has received honoraria for participation on advisory boards and for CME presentations from AstraZeneca, GlaxoSmithKline, Novartis, Bayer and Nycomed.

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