Safety of long-acting β2-agonists in asthma

In their review on the safety of long-acting β2-agonists in asthma, Rodrigo *et al*[1] report that severe asthma-related complications were more frequent in patients receiving

Table 1 Respiratory-related severe asthma exacerbations (requiring hospitalisation)

Treatments	No.	No.	%	95% CI
Formoterol, 24 μg twice daily	527	2	0.4	0 to 0.9
Formoterol, 12 μg twice daily plus on demand	517	1	0.2	0 to 0.6
Formoterol, 12 μg twice daily	527	5*	0.9	0.1 to 1.8
Placebo	514	1	0.2	0 to 0.6
Formoterol combined (three groups)	1571	8	0.5	0.2 to 0.9

*Two patients had respiratory events that were not asthma related.

formoterol 24 μg twice daily (0.9%) than in those receiving formoterol 12 μg twice daily (0.4%) or placebo (0.2%) in a multicentre randomised trial.[2] The original study reports different percentages of asthma-related complications in the treatment groups (table 1), and both serious asthma exacerbations and a combined outcome including serious asthma exacerbations, asthma-related discontinuations and emergency visits for asthma did not show statistically significant differences between the treatment groups.[2] Consequently, the statement by Rodrigo *et al*[1] that higher doses of formoterol are associated with an increase in serious asthma exacerbations is disputable. Concerns about the safety of long-acting β2-agonists therapy are a matter of ongoing discussion, and a recently promoted FDA study[3] may hopefully clarify the risk associated with the regular use of long-acting β2-agonists for the treatment of asthma.

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