CORRESPONDENCE

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 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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Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.

Accepted 12 April 2012

Thorax 2012; ■:1. doi:10.1136/thoraxjnl-2012-201991

REFERENCES


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

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

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