CORRESPONDENCE

Azithromycin and severe asthma

Brusselle et al1 performed an interesting academic-based randomised controlled trial Azithromycin for Prevention of Exacerbations in Severe Asthma (AZISAST) of azithromycin 250 mgm taken thrice weekly versus placebo as add-on therapy for 26 weeks in non-smoking patients with severe asthma, defined as Global Initiative for Asthma (GINA) steps 4–5, taking high dose inhaled corticosteroids/long-acting bronchodilators and with at least two severe exacerbations within 6 months of study entry. In the half of subjects with lower blood eosinophil counts (≤200/μl) they detected a significant effect on the primary endpoint (severe exacerbations and/or lower respiratory tract illnesses requiring antibiotics) and also on asthma quality of life (AQL). Many of these primary care responders identified themselves correctly as good candidates for azithromycin.2 A pilot trial provided preliminary data that Chlamydia pneumoniae IgA, but not IgG, might be a predictor of treatment response and this needs to be studied further as another possible relevant biomarker.3 I believe that AZISAST brings us closer to the time when we will understand the mechanisms underlying the azithromycin-asthma response and be able to categorise candidates for treatment, but I do not think that we are there yet.

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