

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Appraisal Consultation Document

Inhaled corticosteroids for the treatment of chronic asthma in children under the age of 12 years

1 Appraisal Committee's preliminary recommendations

Comment on Section 1: Appraisal Committee's preliminary recommendations:

Nil

2 Clinical need and practice

Comment on Section 2: Clinical need and practice:

Whilst this is a technology appraisal, it is highlighted that care is delivered in many settings and different healthcare professionals are engaged at different stages. It is essential that 2 aspects of care are considered which relate to this topic.

Firstly is the prescribing clarity of these devices and concomitant equipment. Not only must the medicine and type of inhaler be prescribed (including strength) such that it is clear which one is required, but any spacer devices must also be clearly prescribed together with any mouth piece or mask required.

Secondly, it is worth documenting that community pharmacists play a huge role in counseling children/carers on all aspects of the asthma control from how to use their inhalers, caring for their devices, avoiding side effects and dealing with exacerbations. A formal acknowledgement of this role from NICE would assist community pharmacists to maintain and develop this role for the benefit of patients.

3 The technology

Comment on Section 3: The technology:

Reference is made to the fact that different strength products can be used to deliver the same doses and this can change the cost impact quite considerably. However no reference is made to what this might mean in clinical practice. If the cost impact is being looked at, it would seem sensible to discuss the clinical impact of using one versus two puffs of a delivery system to give the same dose or the use of 'Once' versus 'Twice' daily dosing schedules.

4 Evidence and interpretation

Comment on Section 4: Evidence and Interpretation:

4.3.4 Adherence to treatment is probably the most vital aspect to the treatment of asthma. Whilst the appraisal is highlighting differences in the active components of the medicines, more emphasis should be put on the choice of device to fit the patients needs. This may require selecting products less desirable for other reasons (e.g. active agent, cost). This is especially true when a second inhaler is added to the regimen. Whilst some patients cope well with a selection of devices, it

would be more appropriate to start the second medicine being delivered in the same device as the first this choice is likely to outweigh any small advantage the choice of active ingredient may give.

4.3.5 Clinical need should normally outweigh variances in marketing authorization. Whilst the guidance cannot be seen to contradict market authorization, it could be perceived as negligence not to use a more appropriate device and product, if it is in the patients interest.

4.3.7 / 4.3.11 Use of combined products may be very desirable in terms of adherence. It should not be understated the problem this may cause in terms of weaning up or down, in terms of using optimal doses

5 Implementation

Comment on Section 5: Implementation:

Nil

6 Proposed recommendations for further research

Comment on Section 6: Proposed recommendations for further research:

Nil

7 Related NICE guidance

Comment on Section 7: Related NICE guidance:

Nil

8 Proposed date for review of guidance

Proposed date for review of guidance:

Nil