For the Patient

The full report is titled: "The tall and the short: Repainting the landscape about the growth effects of inhaled and intranasal corticosteroids". It is in the May-June 2016 issue of ***Allergy Asthma Proceedings*** (volume 37, pages 180 to 191). The author is David P. Skoner.

For the Patient is provided to physicians so that the patients can better understand the language of modern medicine.

For the Patient is written by the editors (Bellanti, JA and Settipane, RA) and provided to practitioners so that patients can better understand the usefulness of new information resulting from medical research.

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The tall and the short aspects of the use of inhaled and intranasal corticosteroids in children

The development of corticosteroids that can either be locally administered by inhalation for patients with asthma (ICS) or by the intranasal route for patients with allergic rhinitis (INCS) represents a major therapeutic advance permitting both more effective use and fewer side effects of these agents than when they are administered systemically. However, in children, who have not yet reached their ultimate growth potential, there is concern, particularly among parents, that the use of these agents, even when given by their safer topical routes of administration, may have undesirable growth-suppressing side effects. Although there are a number of published growth studies in children with asthma and allergic rhinitis, their interpretation is difficult since some were performed prior to (old) or after (new) issuance of the 2001 U.S. FDA draft guidance in 2001. In a recent study, Dr. Skoner from Division of Allergy, Asthma and Immunology, Department of Medicine, Temple University, Philadelphia PA compared the old and new evidence and made interpretations that could help better clarify the safety of ICS and INCS in children.

Who or What was Proposed to be Studied?

Major published studies evaluating growth suppressing effects of inhaled and intranasal corticosteroids in children with asthma or allergic rhinitis were included in the present study.

How was the Study Done?

The author reviewed several published growth studies based upon definitions of sources of funding, i.e., pharmaceutical vs federal funding, and whether the studies were primary (growth was the primary outcome) or secondary (growth was a secondary outcome).

What are the Limitations of the Proposed Study?

One of the limitations of the study was the great variability of the research design and purpose of the studies.

What are the Implications of the Study?

The results of the study suggest that the older studies were heavily flawed, were conducted primarily by the pharmaceutical industry and painted an inaccurate landscape of safety and efficacy of ICS and INCS usage in children. More recent studies funded by the NIH and the pharmaceutical industry have been better performed with stronger evidence collected during the course of longer and better-designed trials and have provided data suggesting that newer ICS formulations are safer than the older versions. Continued research in this area is clearly indicated. □