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The role of Montelukast as monotherapy in paediatric asthma — IPCRG Guideline authors' response

Dear Sir,

We would like to thank Dr Polos for his critical reading of the IPCRG guidelines. The process of making guidelines for a worldwide primary care audience should be reliable, fair, and independent. Moreover, suggestions for treatment should be evidence-based, acceptable to physicians who need to have a degree of ownership of them, and guidelines need to be within reach of the public whom they serve as primary care physicians. Dr Polos states that there is evidence for the treatment of paediatric asthma with the leukotriene antagonist (LTRA) Montelukast. Indeed the study from Knorr et al. in children between 2 and 5 years old shows a favourable effect for montelukast as compared to placebo [1], and the Bisgaard et al. study in the same age group shows a reduction in the number of exacerbations [2].

However, based on these two studies alone, the IPCRG Guideline Committee did not feel that there was substantial and sufficient evidence to recommend Montelukast as monotherapy in children between the age of 2 and 5 years. We had several reasons for this decision. These studies [1,2] were not performed in primary care, which meant that we could not extrapolate these results to the very variable group of patients in primary care. Secondly, we still need a direct comparison between the effect of inhaled corticosteroids (ICS) in this age group and the effect of LTRAs. In the older age group of 6—14 years, the MOSAIC study showed a non-inferiority between Montelukast monotherapy and low dose ICS. However, this study has been heavily criticised [3]. An independent direct comparison between montelukast and low dose ICS [4] also in the older age group showed clearly that low dose ICS treatment has superior effects on inflammation, clinical, and pulmonary outcomes as compared to Montelukast. Although the benefit of prescribing a tablet once-daily — as opposed to the complicated requirements of learning how to inhale both short-acting beta-agonists and corticosteroids — is very clear to us as primary care physicians, we still believe that monotherapy with LTRAs has not been proven enough for it to be recommended in global primary care guidelines. What we need is evidence on a primary care level with primary care patients, and we would encourage MSD to perform a direct comparison between Montelukast and ICS in the preschool age group.

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