

Guideline topic: Pharmacological management of asthma Evidence table 4.8c: Children with poor asthma control on ICS – Is addition of leukotriene receptor antagonists helpful?

Author	Year		Quality rating	Population	Outomes measured		Confidence intervals / p values	Comments
Simons FER et al ¹		RCT, multicentered, placebo controlled, crossover study		279 Asthmatic children 6-14 years, with symptoms despite BUD 400mcg/day. Children given montelukast 5mg OD or placebo for 4 weeks and then 'crossed over' treatments	3] asthma attack rates 4] beta2 agonist usage	with placebo 1] difference FEV1 1.3%, p=0.06 (1.9%, p=0.01 – per protocol) 2] difference PEFR am 9.7L/min, p=0.023, and PEFR pm 10.7L/min, p=0.012 3] montelukast 12.2 % versus 15.9% for placebo, p<0.001 4] montelukast reduced beta2 use by mean 0.33puffs/day,	2] 95%ci; (1.4,18.1) for am and (2.4,1 9) for pm	No washout period in crossover study but outcome measured in 2 nd half of each study period. Benefits of additional montelukast while statistically significant are at best modest

						 6] NS different from placebo 7] NS different from placebo 8] 8% reduction greater than placebo 	
Bisgaard Hans et al ²	1999	RCT, crossover, double blind	+	26 asthmatic children, 6-15 years, 11 on ICS, 15 ICS naïve Given 2 weeks montelukast 5mg or placebo then crossover	1] Exhaled NO 2] FEV1 and MMEF	*only those on ICS (n=11) 1] 22% fall ENO (placebo) 23.6% fall ENO (monte) 2] NS tendency for better values with montelukast	Small subgroup analysis for children on ICS

- 1. Simons FE, Villa JR, Lee BW, Teper AM, Lyttle B, Aristizabal G, et al. Montelukast added to budesonide in children with persistent asthma: a randomized, double-blind, crossover study. J Pediatr 2001;138(5):694-8.
- 2. Bisgaard H, Loland L, Oj JA. NO in exhaled air of asthmatic children is reduced by the leukotriene receptor antagonist montelukast. Am J Respir Crit Care Med 1999;160(4):1227-31.