children presenting to the ED. Treatment with dexamethasone was compared with prednisone/prednisolone treatment for the primary outcome of return visits or readmissions to the hospital.

RESULTS. The authors report similar relative risks (RRs) of relapse at all time points between the 2 groups: 5 days (RR: 0.90 [95% confidence interval (CI): 0.46–1.78]), 10 to 14 days (RR: 1.14 [95% CI: 0.77–1.67]), and 30 days (RR: 1.20 [95% CI: 0.03–56.93]). Dexamethasone was associated with a lower incidence of emesis in either the ED (RR: 0.29 [95% CI: 0.12–0.69]) or home (RR: 0.32 [95% CI: 0.14–0.74]).

CONCLUSIONS. The authors recommend that clinicians consider single or 2-dose regimens of dexamethasone as a robust alternative to 5 days of prednisone/prednisolone.

REVIEWER COMMENTS. The authors demonstrate by meta-analysis that dexamethasone and prednisone/prednisolone are equally effective therapy regarding prevention of revisits to the clinic, ED, or for hospitalization, but adherence is likely better with the shorter course and is better tolerated. The studies are not sufficient in statistical power to determine whether intramuscular or oral dexamethasone are equivalent. Finally, the generalizability of these conclusions to other health care settings outside of the ED is a subject for future studies.

Add-on Omalizumab in Children With Severe Allergic Asthma: A 1-Year Real Life Survey

PURPOSE OF THE STUDY. The goal of this study was to report the real-life efficacy and safety of add-on treatment with omalizumab in a large group of children with severe allergic asthma. The primary aim of this observational study was to evaluate the effect of omalizumab on asthma control. Secondary aims were to evaluate outcomes, including asthma exacerbations, health care utilization, inhaled corticosteroid (ICS)-sparing effect, pulmonary function test results, and safety.

STUDY POPULATION. A total of 104 children <18 years of age with severe allergic asthma and long-term follow-up at participating tertiary care centers who started omalizumab between January 2006 and June 2009 were enrolled.

METHODS. Baseline characteristics were collected from medical files. Data were collected prospectively during 3 separate visits, including at initial administration of omalizumab (V0), at 20 ± 4 weeks (V1), and 52 ± 4 weeks (V2). Data included the level of asthma control during the 4 weeks before each visit, exacerbations, health care utilization, pulmonary function test results, data on maintenance therapy and ICS dose, and adverse events.

RESULTS. Asthma control improved over the year of treatment with omalizumab. Rates of poor control were 82% at V0, 17% at V1, and 8% at V2, and rates of good control were 0% at V0, 53% at V1, and 67% at V2 (P < .0001). There was a 72% reduction in exacerbations and an 88.5% reduction in hospital admissions over the 1 year of treatment. There was a significant improvement in pulmonary function test results and a 30% reduction in ICS dose over the 1-year treatment. The only effect modifier observed for response to omalizumab was age (ie, age ≥12 years was associated with better control). Six patients discontinued omalizumab due to a serious adverse event.
Question 1: Prednisolone or Dexamethasone for Acute Exacerbations of Asthma: Do They Have Similar Efficacy in the Management of Exacerbations of Childhood Asthma?

John M. Kelso

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