

Correspondence

Reply

To the Editor:

We appreciate the opportunity to address the important issue raised in the letter by Peroni et al¹ pertaining to the Childhood Asthma Control Test (C-ACT). The C-ACT was developed to provide a validated tool to monitor control in children 4 to 11 years of age with asthma. It was validated in a cohort of children with a diagnosis of asthma by a specialist physician, without other respiratory conditions, and in whom symptomatic improvement to a short-acting β -agonist bronchodilator, a history of reversible airway disease, or both was documented.² Thus only children with a firm diagnosis of asthma were studied in the C-ACT validation process to avoid the situation described by Peroni et al,¹ in which 2 patients with “moderate disorganization of breathing” were given the C-ACT. The symptoms leading to an “uncontrolled” C-ACT score experienced by these children were not due to asthma, as subsequently documented by both a poor response to step-up asthma medication and further diagnostic evaluation. Although not specifically noted by Peroni et al,¹ it is uncertain whether the children truly had asthma in the first place because no evidence is provided for its diagnosis, except that the children were taking asthma medications when first seen. As such, both the increased respiratory symptoms reported and even the original symptoms leading to the diagnosis of asthma might be due to “disorganized breathing,” such as hyperventilation or vocal cord dysfunction, which are great masqueraders.³

The message that should be highlighted by the Peroni et al report¹ is that proper diagnosis is essential: lack of

improvement with conventional asthma management is an indication to reconsider the underlying cause of the symptoms.

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