

Letter to the editor

Comment on EP³OS treatment recommendations

The publication of the European Academy of Allergology and Clinical Immunology (EAACI) Position Paper on Rhinosinusitis and Nasal Polyps (EP³OS) Executive Summary in the May 2005 issue of *Allergy* represents a major step forward for evidence-based medicine in the field of rhinology (1). These comprehensive guidelines document an evidence-based revision of diagnostic methods and a critical evaluation of available treatments for rhinosinusitis and nasal polyposis for the general practitioner, the non-ear, nose, and throat (ENT) specialist, and the ENT specialist alike.

However, this position paper also illustrates the paucity of robust controlled trials that have been conducted or published in this area to date. Given the growing burden of rhinosinusitis, it is surprising that the level of evidence supporting or negating various treatment strategies is so low and it will be interesting to see how (or if) management guidelines change as this body of evidence grows.

For example, the EP³OS Position Paper recommends topical steroid spray formulations for mild polyposis and drop formulations for moderate polyposis, based on the results of several randomized controlled trials of fluticasone propionate and beclomethasone dipropionate (2–4). Although a number of other RCTs have been published in this area, these are limited by short duration of treatment or small subject numbers. However, mometasone furoate nasal spray (MFNS) has recently been approved in both the United States and the European Union for the treatment of nasal polyps. These approvals are based on the results of two randomized, double-blind, placebo-controlled trials, involving over 650 subjects with mild-to-moderate bilateral nasal polyps, that have yet to be published. Preliminary results presented in abstract form at the 2004 EAACI Congress demonstrated that MFNS 200 mcg, administered once or twice daily, produced statistically significant reductions in nasal polyp size and congestion/obstruction

score relative to placebo over the 4-month treatment period (5). In addition, significant improvements in sense of smell and peak nasal inspiratory flow rate, together with reductions in anterior rhinorrhea and postnasal drip, were observed with treatment. Inclusion of these studies into the evidence base will likely bring into question the validity of differentiating between topical steroid nasal sprays and drops based on severity of disease.

The EP³OS Position Paper provides a timely evaluation of empiric evidence from clinical trials and places this in the context of clinical practice. Addressing the lack of robust clinical trials studying the effects of different treatment modalities in this field will provide further weight to these guidelines.

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References

1. Fokkens W, Lund V, Bachert C, Clement P, Hellings P, Holmstrom M, et al. EAACI position paper on rhinosinusitis and nasal polyps executive summary. *Allergy* 2005;**60**:583–601.
2. Penttilä M, Poulsen P, Hollingworth K, Holmstrom M. Dose-related efficacy and tolerability of fluticasone propionate nasal drops 400 microg once daily and twice daily in the treatment of bilateral nasal polyposis: a placebo-controlled randomized study in adult patients. *Clin Exp Allergy* 2000;**30**:94–102.
3. Hadfield PJ, Rowe-Jones JM, Mackay IS. A prospective treatment trial of nasal polyps in adults with cystic fibrosis. *Rhinology* 2000;**38**:63–65.
4. Mygind N, Pedersen CB, Prytz S, Sorensen H. Treatment of nasal polyps with intranasal beclomethasone dipropionate aerosol. *Clin Allergy* 1975;**5**:159–164.
5. Bloom M, Staudinger H. Effect of mometasone furoate nasal spray (MFNS) on nasal polyposis. Amsterdam: European Academy of Allergology and Clinical Immunology, 2004 (Abstract 279).