

Correspondence

Asthma in the elderly: β -Adrenergic receptor blockers may worsen, β -receptor agonists relieve (with caveats)

To the Editor:

In a comprehensive and clinically very useful review article, published in the October 2010 issue of the Journal,¹ the following statements are made:

- “Enquiries should be made about adverse drug reactions, particularly aspirin and α -adrenergic blockers and angiotensin-converting enzyme inhibitors.” (page 684)
- “Increase in FEV₁ of at least 12% after inhalation of a short-acting α -adrenergic bronchodilator is a key point of the diagnosis of asthma.” (page 684)
- “Overdosing with short-acting β -adrenergic agonists (SABAs) is cardiotoxic.” (page 685)
- “The only points to stress are to avoid the cardiotoxic effects of SABAs and provide oxygen.” (pages 685-6)

These correct messages are contradicted by the “What do we know?” box (page 686), which reports, “Long-acting β -adrenergic agonist can have cardiotoxic effects in patients with heart disease.”

The article summary (page 686) correctly reports, “Third, consider side effects of medications, such as aspirin,

β -adrenergic blockers (including eyedrops), angiotensin-converting enzyme inhibitors, and also the medications prescribed for asthma.”

As an allergy specialist and lecturer, I had no problem whatever in understanding which messages were correct.

As a general practitioner, however, I express my concern that all the general practitioners receive, from the pages of the Journal, clear and undisputable messages, so essential for their daily clinical practice.

Undoubtedly, the possibly confounding statements cited are the result of a misprint. Nevertheless, as a general practitioner, I desire a thorough correction.

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REFERENCE

1. Reed CH. Asthma in the elderly: diagnosis and management. *J Allergy Clin Immunol* 2010;126:681-7.

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