

Correspondence

Reply

To the Editor:

We thank Dr Kelly¹ for his comments and agree that more data arising from appropriately designed studies are certainly needed, as we stated in our article.

However, as we indicated, the main purpose of the review was to stress that the issue of efficacy needs to be resolved rather than dismissing the potential value of inhaled corticosteroid therapy in this age group, as was suggested by a small number of published studies²⁻⁴ and a *New England Journal of Medicine* editorial⁵ referring, for the most part, to considerably older children and aerosol therapy with much larger particles. Future efficacy studies should, of course, also be adequately powered for evaluation of a variety of safety issues (eg, growth impairment, adrenal suppression, facial rashes, corneal injury, and pneumonia). From previous studies, especially those of Agertoft and Pedersen⁶ with budesonide, it seems reasonable to conclude that growth impairment is modest, occurs only during the first year, diminishes with time,⁷ and does not appear to affect final height.

The other safety issues have not, to our knowledge, been adequately resolved, and we agree that additional well-designed studies are badly needed.

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