

## Correspondence

## Reply

*To the Editor:*

In the study by Foster et al,<sup>1</sup> the authors sought to test the effectiveness of adherence monitoring via electronic medical devices (EMDs) and personalized feedback from general practitioners both separately and together compared with usual care in a real-life community setting. The authors of the article failed to show a difference between groups in Asthma Control Test scores, FEV<sub>1</sub>, exacerbation rates, or Asthma Mini Quality of Life Questionnaire scores.<sup>1</sup> As cited in our review article,<sup>2</sup> the authors did demonstrate an improvement in adherence with the use of EMDs, but did not have increased adherence with the addition or absence of physician adherence discussions.<sup>1</sup> In his correspondence, Weinstein<sup>3</sup> stated that this lack of difference between groups may have been secondary to “overprescribing” of fluticasone propionate/salmeterol, a limitation raised by the article’s authors themselves in their discussion.<sup>1</sup> Weinstein thereby questioned the validity of this study.

Although it is understandable as per Weinstein that “properly designed adherence studies enroll patients who do well on treatment and do poorly off treatment,” it should be noted that the authors of the study aimed to examine the use of these interventions in a “real-life setting.”<sup>1</sup> As such, patients may be taking more medications than needed and may not be entirely compliant with their medications, regardless of whether they are symptomatic or not on them. It is in such a setting that EMDs may eventually be used. The study’s groups were well randomized with no significant difference in asthma control between groups nor any difference in mean daily fluticasone propionate daily dose at baseline.<sup>1</sup> As such, even if they were all overprescribed, they would have been overprescribed equally. It is possible that if patients were tapered to an appropriately minimal dose to maintain control or a large sample size was used, a difference may have been noticed between groups.

Weinstein also commented that “irregular use of fluticasone propionate/salmeterol achieved the same outcomes as more regular use.” Other unrelated studies are questioning the need for daily controller medications in patients to maintain control. Some patients may only need combination inhaled corticosteroid/long-acting beta agonist therapy as needed, such as is used with a SMART (single combination budesonide/formoterol inhaler maintenance and reliever therapy) approach and still have similar results in asthma outcomes.<sup>4</sup>

Although it is important that adherence studies avoid overprescription, this study provides a real-world example of the use of EMD and feedback interventions. It provides a perspective of how such technology and interventions will be used in daily practice.

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Disclosure of potential conflict of interest: W. C. Anderson received provision of writing assistance, medicines, equipment, or administrative support from Boehringer-Ingelheim. S. J. Szefler has consultant arrangements with Merck, Boehringer-Ingelheim, GlaxoSmithKline, Genentech, Novartis, Roche, and AstraZeneca; has received grants from GlaxoSmithKline; and has a patent for beta adrenergic receptor polymorphism through the National Heart, Lung, and Blood Institute’s Childhood Asthma Research and Education Network.

## REFERENCES

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<http://dx.doi.org/10.1016/j.jaci.2015.12.1348>