



LETTERS

ASTHMA ATTACKS IN CHILDREN

Everyone with asthma should have a metered dose inhaler and a spacer

Duncan Keeley *general practitioner*

Thame OX9 3JF, UK

Bush and Griffiths are right to draw attention to the growing evidence of suboptimal management of asthma exacerbations in children in the UK and the associated mortality.¹ They also remind us that metered dose inhalers with spacers are equivalent or superior to nebulisers in all but the most severe exacerbations.

Metered dose inhalers with spacers are well known to increase the lung deposition and clinical effectiveness of inhaled treatments during asthma exacerbations,² but this simple technology remains undervalued and underused. Every person with asthma, whatever their age, should have a metered dose inhaler and a spacer, and they (or their caregivers) should know how to use them to temporarily increase the dosage of β agonists and inhaled corticosteroids when symptoms worsen. This should be the case even for older children and adults who receive their regular treatment using other types of inhaler.

Knowing exactly how to do this should form part of the personal asthma action plan of all people with asthma, and all health professionals should know how to give this advice. Plans must also include clear advice on the need for urgent medical attention

if symptoms worsen despite increased inhaler use and for oral corticosteroid treatment of severe exacerbations. Health professionals must know the vital importance of careful clinical assessment of exacerbations and the need for oral corticosteroids, pulse oximetry, and oxygen for severe episodes.

Continued availability of metered dose inhalers is essential while solutions are found to concerns over the environmental impact of the propellants they contain.

Competing interests: None declared.

The author is executive committee policy lead for the Primary Care Respiratory Society UK. This response is written in a personal capacity.

- 1 Bush A, Griffiths C. Improving treatment of asthma attacks in children. *BMJ* 2017;359:j5763. doi:10.1136/bmj.j576329288167
- 2 Keeley D. Large volume plastic spacers in asthma. *BMJ* 1992;305:598-9. doi:10.1136/bmj.305.6854.5981393068

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>