
Correspondence

INVALID AND IRRELEVANT COMPARISONS: APPLES OR ORANGES?

To the Editor:

The article by Borker et al¹ leaves the reader in no doubt that fluticasone, 100 µg, plus salmeterol, 50 µg, twice daily is more cost-effective than the leukotriene receptor antagonist (LTRA) montelukast, 10 mg once daily, in the treatment of mild to moderate persistent asthma. As part of the entry criteria, patients were required to exhibit either symptoms of asthma or the need for reliever therapy on most days during a run-in period. As a consequence, in both randomized treatment groups, the mean forced expiratory volume in 1 second was 67% predicted. Not surprisingly, in the original study from which their cost-effectiveness data were extrapolated,² combination treatment conferred greater improvement in asthma control than montelukast as monotherapy.

As the authors point out, montelukast has been shown to be effective as monotherapy in patients with mild asthma, especially in those with predominantly exercise-induced symptoms.³ However, it is well established in patients with mild to moderate asthma that, even when compared with inhaled corticosteroids as monotherapy, LTRAs are clinically inferior.⁴ It is therefore difficult to comprehend why the authors thought that it was worthwhile, clinically relevant, or justified to compare 2 treatment regimens that are totally out of synchrony with “real-life” practice and current guidelines.⁵

Furthermore, why the cost-effectiveness data were not reported in their original study several years earlier is equally uncertain.

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