

Correspondence

Selecting the correct treatment for asthma adherence studies

To the Editor:

I would like to comment on a review article by Anderson and Szeffler.¹ In the adherence section they reviewed adherence studies with electronic monitoring devices. They examined a study by Foster et al² and reported the authors' findings: there was no difference in outcomes (Asthma Control Test score, adherence measures, FEV₁, exacerbation rates, or Asthma Mini Quality of Life Questionnaire scores) when comparing physicians providing feedback of adherence measures to patients and physicians providing enhanced feedback using a behavioral intervention in response to poor patient adherence. In the discussion section, Foster et al wrote that patients in the study could have been "overprescribed" (p 1226, line 17). This means patients were placed on a stronger treatment (fluticasone propionate/salmeterol) than required. The best evidence that overprescribing occurred is that 2 nonmonitored groups in the study had comparable outcomes in Asthma Control Test and Mini Asthma Quality of Life Questionnaire as the monitored groups, but had significantly lower adherence (46% vs 73%). Irregular use of

fluticasone propionate/salmeterol achieved the same outcomes as more regular use. These findings question the validity of this adherence study. Properly designed adherence studies enroll patients who do well on treatment and do poorly off treatment. It is important that adherence intervention studies are accurate and avoid problems with overprescription. This will permit health plans to select the most effective interventions for patients with severe asthma.

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