E-mail message from

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Subject: "cromoglicate"

I would like to comment on the ISDB review on "cromoglicic acid".

The review concluded that it should be deleted and the reasons give were:

1) inconvenient dosing schedule

2) there are more effective alternatives available in WHO Model list of Essential Medicines (EML).

There was no mention of more effective alternatives such as inhaled corticosteroids, short-acting beta 2-agonists, inhaled anticholinergic leucotrien receptor antagonists, oral modified-release theophylline, an oral modified-release beta 2-agonist. But it is very difficult to understand what are exactly the alternatives available in WHO Model List of Essential Medicines.

Moreover, adverse effects are only assessed concerning with short course of treatment.

It is clear that long term adverse effect, especially sudden death occur with beta-agonists, the beta 2-agonists and with theophyllines.

1) Wilson JD, Sutherland DC, Thomas AC. Has the change to beta-agonists combined with oral theophylline increased cases of fatal asthma? Lancet. 1981 Jun 6;1(8232):1235-7.

Long term adverse effects of long-acting beta2-agonist were also reported
3) Prescrire editorial team (No authors listed)
Excess mortality with salmeterol as single-agent therapy.
4) Wooltorton E. Salmeterol (Serevent) asthma trial halted early.
http://www.cmaj.ca/cgi/content/full/168/6/738
5) FDA; MedWatch 2003 Safety Alert - Serevent (salmeterol xinafoate)
http://www.fda.gov/medwatch/SAFETY/2003/serevent.htm

It is also clear that long term excess use of inhaled corticosteroids (fluticazone may be harmful within the recommended dose) induce serious adverse effects such as adrenal insufficiency and growth retardation.
6) Todd GR et al, Survey of adrenal crisis associated with inhaled corticosteroids in the United Kingdom.
Arch Dis Child. 2002 Dec; 87(6): 457-61
http://adc.bmjournals.com/cgi/content/full/87/6/457
7) Russell G. Inhaled corticosteroids and adrenal insufficiency.
http://adc.bmjournals.com/cgi/content/full/87/6/455

Leucotrien receptor antagonists are much more expensive than cromoglicic acid and not superior to inhaled corticosteroids in efficacy.
10) Ng D, Salvio F, Hicks G. Anti-leukotriene agents compared to inhaled corticosteroids in the management of recurrent and/or chronic asthma in adults and children. Cochrane Database Syst Rev. 2004(2):CD002314.

Inhaled anticholinergic is used to reduce symptoms intermittently preferably in combination with beta2-agonist and not for prophylaxis of asthma attack.
And long term adverse effect of cromoglicic acid have never been reported.

So I conclude that cromoglicic acid should be included in the WHO Model List.

Best wishes

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