in asthmatic patients who require regular bronchodilator treatment. BMJ 1993; 306:1034–1037

Why SMART About Second-Line Treatment When First-Line Treatment Is Being Ignored?

To the Editor:

In a recent issue of CHEST (January 2006),1 the Salmeterol Multicenter Asthma Research Trial (or SMART) demonstrated that the regular use of a twice-daily regimen of salmeterol in asthmatic patients was associated with an unmoving increase in respiratory-related and asthma-related deaths, combined asthma-related deaths, or life-threatening experiences. However, surely one of the other most concerning observations was the fact that at study entry only 47% individuals in both the active treatment and placebo groups were receiving regular therapy with inhaled corticosteroids. Thus, > 26,000 subjects with asthma of approximately 16 years duration with a mean peak expiratory flow of 84% predicted were randomized to receive either a placebo inhaler or a long-acting beta-agonist over a 28-week period without therapy with inhaled corticosteroids.

Since guidelines2,3 advocate the early use of inhaled corticosteroids in the treatment of asthma, it is therefore incredulous to consider that the investigators felt it reasonable to enroll a majority of individuals who were being inappropriately managed in the community. Perhaps rigorous advertising campaigns are required to emphasize that therapy with inhaled corticosteroids is an established, effective, safe, and inexpensive treatment for the management of asthma. And perhaps clinicians and the pharmaceutical industry require reminding too.

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Cause of Death in the SMART Trial

To the Editor:

The Salmeterol Multicenter Asthma Research Trial (SMART)1 found a higher incidence of death in African Americans with salmeterol therapy compared to placebo. The authors speculated on possible genetic causes, mentioning beta-receptor polymorphisms. But another genetic aspect is worth considering.

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