something better. No classification is better than an incorrect classification.

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STATEMENT OF INTEREST

A statement of interest for D. Payne can be found at www.erj.ersjournals.com/misc/statements.shtml

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DOI: 10.1183/09031936.00172608

From the authors:

We thank A. Schultz and D. Payne for their interest in the Task Force report, and agree that the current classification system for preschool wheeze [1] may not be without flaws. Neither is their letter, however.

For any classification to be of present clinical use, phenotypes have to be determined at the time the child is seen; thus, “transient” and “persistent” [2] are of no use clinically, although of great value epidemiologically. In current clinical practice, the description of symptoms, imperfect although this is, remains the bedrock of clinical decision making. This is particularly true in preschool children with recurrent wheeze in whom it is difficult to obtain more objective measures of airways obstruction. It is surely not beyond a clinician to determine if a child has acute bouts of wheeze in association with coryzal symptoms, with symptom-free periods in between, or has wheeze most days of the week, exacerbating with clinically apparent upper respiratory tract infections.

Although it may not be possible to be sure that any individual acute episode of preschool wheeze is due to a viral infection, and this is why the term “viral” is in parentheses, the evidence is that the vast majority is viral in origin. The fact that viruses can be found in some nonwheezy children is acknowledged, but in our view this is not relevant to the classification. Accumulating evidence suggests that children with episodic treatment may be treated episodically [3–6]. It would be preferable of course to phenotype using practical, robust and clinically available biomarkers, but none presently exist. The alternative is to treat the nonatopic 3-yr-old with five episodes of acute wheeze a year, with no interval symptoms, in exactly the same way as an atopic child of the same age with exacerbations superposed on a pattern of daily symptoms, which appears to be the consequence of A. Schultz’s and D. Payne’s position. After lengthy discussion, the majority of the Task Force felt that the present classification system should be presented and maintained, along with the limitations of the system.

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STATEMENT OF INTEREST

None declared.

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