Achieving the balance between evidence and simplicity

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From the authors:

We thank B. Lipworth and colleagues for their insightful comments and for raising the important issue of distinguishing between maintenance and reliever budesonide–formoterol use within the anti-inflammatory reliever (AIR) therapy regimen. We agree that such a distinction may be artificial and not be possible in clinical practice. We consider that this is an important conceptual issue but one that may have limited clinical relevance, when prescribing budesonide–formoterol according to a maintenance and reliever therapy regimen in asthma. Indeed it has been shown, from electronic monitoring of inhaler use, that there is such marked variation in medication use when budesonide–formoterol is used as a maintenance and reliever therapy, both long term and prior to severe exacerbations, that such differentiation is both unrealistic and not required in clinical practice [1, 2]. Despite the potential for confusion as to how to differentiate between maintenance and reliever medication use, there is substantive evidence that when inhaled corticosteroid (ICS)–formoterol is prescribed according to the regular maintenance ICS–formoterol and reliever regimen, greater efficacy is obtained compared with regular maintenance ICS or ICS–long-acting β-agonist together with short-acting β-agonist (SABA) reliever therapy [3, 4]. The conceptual schematic video is provided to illustrate the importance of both the maintenance and reliever components of this regimen [5].