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Budesonide–formoterol reliever therapy in intermittent *versus* mild persistent asthma

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These *post hoc* analyses of NovelSTART provide the first evidence that the exacerbation risk reduction with budesonide–formoterol reliever therapy *versus* salbutamol reliever therapy is similar in adults with intermittent and mild persistent asthma <https://bit.ly/3iiRKqR>

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To the Editor:

Traditional asthma maintenance therapy in adults and adolescents comprises inhaled corticosteroids (ICS), with a long-acting β_2 -agonist (LABA) added if ICS monotherapy provides insufficient control [1, 2]. For patients with symptoms occurring on two or fewer occasions per week (so-called “intermittent” asthma [2]), who may represent around one-third of the asthma population [3], many guidelines still recommend short-acting β_2 -agonist (SABA) rescue medication alone [2, 4]. However, SABA-only treatment is still associated with severe exacerbations [5], the incidence of which is almost halved with low-dose maintenance ICS in intermittent asthma [6], but adherence is poor [7, 8]. Since 2019, the Global Initiative for Asthma (GINA) strategy document has advised against SABA monotherapy, even in those with symptoms occurring on fewer than two occasions per month [9, 10]. Instead, ICS therapy is now recommended whenever rescue medication is taken, either as combined ICS–formoterol, or a separate ICS inhaler [9]. However, evidence supporting this in patients with symptoms occurring on two or fewer occasions per week is limited.