Questionnaire = 1.31) were randomized to 1 of the 4 treatment groups. MF/F increased the time to first asthma deterioration thus decreasing the proportion of subjects experiencing asthma deterioration during the study (MF/F = 16.5%; versus MF = 28.2% [P = 0.006]; versus F = 44.7% [P < 0.001]; and vs placebo = 45.7% [P < 0.001]). Mean FEV1 AUC0-12h, over baseline at week 12 were MF/F = 4.00 L x h; MF = 2.53 L x h; F = 3.83 L x h; and placebo = 1.11 L x h. Low rates of AEs were observed and were similar between treatment arms.

Conclusions: In asthmatics previously treated with low-dose ICS with or without a LABA, MF/F 100/10 µg BID was more effective than placebo, MF, or F (all administered by MDI) in reducing asthma deteriorations and improving lung function.

Prevalence of Swallowing Dysfunction in Severe Asthma: Preliminary Results

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Background: The widespread use of inhaled corticosteroids (ICS) for the treatment of persistent asthma, although highly effective, may be associated with local side effects. The aim of this study was to evaluate swallowing function in patients with severe persistent asthma, by nasal fibroscopy.

Methods: Sixty-four patients with severe asthma with a mean age of 55 ± 11 years, using inhaled corticosteroids without spontaneous complaints related to swallowing, participated in the study. The participants were evaluated using nasal fibroscopy. Each participant was offered diet boluses (3, 5 and 10 ml) such as thin liquids, pasty and solids, and their swallowing function was determined according to the following criteria: (1) premature oral leakage to the pharynx; (2) laryngeal penetration; (3) tracheal aspiration; and (4) pharyngeal stasis.

Results: Nineteen (25.3%) of the patients with severe asthma presented premature oral leakage or pharyngeal stasis of the bolus after swallowing or laryngeal penetration.

Conclusions: Patients with persistent asthma presented subclinical manifestations of abnormal swallowing, when analyzed using nasal fibroscopy, possibly associated with neuromuscular dysfunction caused by inhaled corticosteroids.

The Impact of Administration of Leukotriene Receptor Antagonists, Preclinical Study to Infants with Bronchial Asthma

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Background: Bronchial asthma develops by the age of 3 years frequently in childhood in industrialized countries. Preclinical study for the treatment of hypersensitivity and childhood asthma. The generic drugs for PLK were universally used in the market, and the effect of the drug also restrain the bronchial asthma onset of infants having an established allergic factor clinically, which necessitates the analysis of the mechanisms of allergic diseases and development of the effective treatment. Therefore we examined influence of administration of Preclinical Study to Infants with Bronchial Asthma.

Methods: The 116 patients, who accepted at least 2 to 3 times wheeze after birth, were enrolled ranging from 6 months to 6 years in age. They were treated with Preclinical Study to Infants with Bronchial Asthma (7-10 mg/kg) daily (71 cases, group A) or with suplatast tosilate as a reference (45 cases, group B). The severe and moderate type of patients, who were continuously treated with corticosteroids were excluded. The clinical evaluation was concerning frequency of coughing and wheeze, and that of the β2-receptor agonist inhalation consumption in every 4 months with an asthma diary. In addition, allergic tests; eosinophilic count and IgE value were determined in every 4 months.