

To the Editors:

Inhaled steroids for childhood asthma

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The council of the Sri Lanka College of Paediatricians at a recent meeting viewed with great concern the inappropriate use of inhaled steroids in childhood asthma in Sri Lanka.

Many of our members have seen children admitted to their units carrying bags of spacers, dry powder devices, metered dose inhalers etc., prescribed by doctors. Some of these children have been prescribed a combination of inhaled sodium cromoglycate, steroids and bronchodilators along with very expensive brands of oral antihistamines. In addition, many of them have not been instructed on the correct technique of using these devices. This had led to these children continuing to have symptoms and requiring hospitalisation. In several instances the indications for the

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use of these drugs have not conformed to the generally accepted guidelines.

While acknowledging that inhaled steroid therapy is the mainstay of prophylaxis of childhood asthma, it must be stressed that these are not magic potions and poly-pharmacy is not indicated.

The indications for the use of inhaled steroid therapy in children are spelt out in detail in the *Guidelines on the Management of Asthma, Sri Lanka Medical Association, Colombo 1995*. If these are followed, many instances of inappropriate use of inhaled steroid therapy for childhood asthma would be avoided.