

practitioners. The main conclusion reached by LAFOREST *et al.* [1] appears to be that there is a need to improve the management of asthma in primary care. However, only 52% of the patients looked after by specialists were properly controlled in the previous 4-week period compared with 26.4% in the general practitioner group. Surely it would be complacent to accept that there is not considerable room for improvement in the management of asthma generally, and not just in those supervised in general practice?

In such a comprehensive review of asthma management, why was there no mention whatsoever of inhaler technique? This is not the first important contribution to the literature on management of asthma in Europe that has completely ignored inhaler misuse as a potential major cause of lack of disease control [2].

Many healthcare professionals involved in the management of patients with asthma and chronic obstructive pulmonary disease appear to have a blind spot as far as inhaler use is concerned, which I find very difficult to understand. There is now evidence that poor inhaler technique is associated with poor asthma control [3–5]. Problems with inefficient use of the pressurised metered-dose inhaler were reported as long ago as 1976 [6, 7]. More recently, COCHRANE *et al.* [8] summarised all papers describing inhaler technique and concluded that the frequency of efficient inhalation technique ranged 46–59%. It would, therefore, seem appropriate for all assessments of asthma management and control to at least include a mention of inhalation technique in the patients studied. Sadly, this is not the case and I cannot understand the reasons behind this important omission. An assessment of inhalation technique in Europe will soon be published [9], and I can only hope that this will result in clinicians and all healthcare workers concerned with the management of asthma becoming more aware of this major problem, which, in my view, may be the most important cause of poor asthma symptom control in Europe today.

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#### From the authors:

We would like to respond to G.K. Crompton's excellent remarks.

First, indeed, although the quality of asthma care was better in patients supervised by specialists, it was far from being optimal. This point was mentioned in the discussion of our article: "Though improved outcomes were observed regarding asthma management in patients exclusively supervised by specialists, asthma control and patients' quality of life could also be improved in this group." [1].

Secondly, we also agree that the quality of use of inhaler devices by patients is a major determinant of asthma control. Unfortunately, for practical reasons, we could not study this issue in our survey. Indeed, studying patients' ability to use their inhaled devices would have required, for example, having dummy devices for each inhaled controller therapy and providing pharmacies with sufficient numbers of these devices, besides active training in the use of devices, which was beyond the objective of the study. Also, to our knowledge, our effort was a "première" in France owing to its active involvement of community pharmacists in the assessment of quality of care. Additional questions of interest, such as the use of inhalers, will be performed in a later phase.

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