

Leukotriene receptor antagonist monotherapy ups asthma control

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(HealthDay)—As monotherapy, leukotriene-receptor antagonists (LTRAs) improve asthma control versus placebo, according to a review and meta-analysis published online Sept. 22 in the *Annals of Internal Medicine*.

Michael Miligkos, M.D., from the University of Thessaly School of Medicine in Larissa, Greece, and colleagues conducted a systematic review and meta-analysis to determine the benefits and harms of LTRAs as monotherapy or combined with inhaled corticosteroids compared with [placebo](#) for adults and adolescents with asthma. Fifty trials met the eligibility criteria for inclusion.

The researchers found that LTRAs reduced the risk of an exacerbation

in random-effects meta-analyses of six trials of LTRA monotherapy (summary risk ratio, 0.60; 95 percent confidence interval, 0.44 to 0.81). The summary relative risk for exacerbation was 0.80 (95 percent confidence interval, 0.60 to 1.07) in four trials of LTRAs as add-on therapy to inhaled corticosteroids. Forced expiratory volume in one second (FEV₁) was increased with LTRAs as monotherapy or add-on therapy to [inhaled corticosteroids](#); the FEV₁ percentage of predicted values was only improved in LTRA monotherapy [trials](#). Similar adverse events rates were seen for the intervention and comparator groups.

"Leukotriene-receptor antagonists as monotherapy improved [asthma control](#) compared with placebo, but which patients are most likely to respond to treatment with LTRAs remains unclear," the authors write.

More information: [Full Text \(subscription or payment may be required\)](#)

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