EDITORIAL

WELCOME TO THE FIRST PAEDIATRIC ASTHMA GUIDELINES DIRECTED BY PHENOTYPE

The existence of guides and plans for the management of asthma has become the rule during the past years. Apart from the International guidelines promoted by the Global Initiative for Asthma (GINA)¹, almost every country has written its own, in their national language. Those written in English such as the "British Guideline on the Management of Asthma"² are better known, due to the ample diffusion of this language which is the usual one used in the international journals. Most of these guides offer a section dedicated to childhood asthma, but usually follow the same scheme as the general guide³.

The last international guide that had been addressed specifically to paediatric asthma was the "Third International Paediatric Consensus Statement on the Management of Childhood Asthma", by an International Paediatric Asthma Consensus Group⁴. However this guide is already almost ten years old.

In Spain, we have also been keen on guides for asthma treatment and in 2003 the "Guía Española para el Manejo del Asma" (GEMA)⁵ promoted by the "Sociedad Española de Neumología y Cirugía Torácica" (SEPAR) was also published, again with a section focused on childhood asthma that was written by members of the "Sociedad Española de Neumología Pediátrica" (SENP). In 1995 this paediatric society had published a short treatment protocol on paediatric asthma⁶. The "Sociedad Española de Inmunología Clínica y Alergia Pediátrica" (SEICAP) by itself published its own and quite extensive guidelines in 2000⁷. Thus it seemed the right time to update the Spanish guidelines for the management of asthmatic children. The SENP-SEICAP joint meeting held in Murcia in 2004 offered a perfect opportunity for a joint task force of the two societies to update those guidelines, with the aim of presenting a first draft in one of the sessions.

On the other hand, and more or less simultaneously, it was the tenth birthday of the influential paper by Martinez et al. about the different asthma phenotypes in children, which was published in the New England Journal of Medicine⁸ in 1995. With some adaptations later on, mainly by authors of the same group⁹ and based also in the suggestions by Wilson et al¹⁰. these phenotypes have been settled and accepted widely.

It was then just a matter of time that the paediatric guidelines for the management of asthma would try to take these phenotypes into account, if the available data indicate that they responded differently to the asthma armamentarium. In fact, there had been some

clinical trials that pointed to a diverse response to treatment by the different childhood asthma phenotypes¹¹.

It was a very good decision of the joint task force of the SEICAP and SENP in its first meeting in June 2003 to explore the management of asthma directed by phenotype. In September 2003 Martinez and Godfrey¹² published a monograph on preschool wheezing which also explored the possibility of integrating childhood asthma phenotypes into the management of this condition. Very recently the Paediatric Assembly of the European Respiratory Society (ERS) has created a task force, which includes Spanish participants, to work on "Phenotype driven, evidence based guidelines for the management of wheezing disorders in infants and preschool children" which is now in an advanced stage.

As current Presidents of the two societies involved, we are very proud to introduce the first Consensus on the Management of Paediatric Asthma which has included asthma phenotypes as a new factor to consider in the treatment of the asthmatic infant and preschool child, and which is published in the present issue of Allergologia et Immunopathologia. As stated in the foreword of the paper, we also look forward to a permanent collaboration between the two societies, not only in the update of the present Consensus but also in its dissemination among all the Spanish Paediatric societies that deal with the asthmatic child.

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