ERRATA

In the Brief Communication titled, "Stepping Down in Asthma", by P.R. Gupta and Shubhra Jain, published in the April-June, 2013 issue of the Journal, the Section "Step I-step II" Approach *Versus* "Step Up-Step Down" Approach in Asthma on page no. 118 may be read as follows:

"STEP I-STEP II" APPROACH *VERSUS* "STEP UP-STEP DOWN" APPROACH IN ASTHMA

The focus in the management of asthma has now shifted to achievement of control and prevention of severe medical crises and day-to-day disability. It is also now emphasised that control of asthma should be assessed on validated parameters i.e. "Asthma Control Test".[22]

The Global Initiative for Asthma (GINA) guidelines (2010)[5] in its "Step up-Step down" approach advocate low dose ICS at step 2 and low dose ICS with LABAs or moderate dose ICS alone at step 3. Higher dose ICS is recommended only at step 4. Further, these guidelines advocate reducing dose of ICS and continuing LABAs during "step down" in adults.

Current data, however, are in favour of the use of moderate to high dose of ICS (>500mg of beclomethasone dipropionate or its equivalent), depending on severity as an initial step and that too along with LABAs as initial step (Step 1). This is in line with suggestions made by several authors including Tukiainen *et al*.[16] Additional broncho-dilators in the form of anti-cholenergics, oral theophyllines and/or leucotrienes inhibitors may be added subsequently to achieve control.

Continuation of LABAs and low dose of ICS during Step-down (as per GINA guidelines) may result in increased airway inflammation, that may be masked due to the former drug, and therefore, place such patients at risk of decontrol. The FDA also recommends that as far as possible, LABAs should be withdrawn first during step down.[23] The available experimental and clinical data also favours withdrawal of LABA first (Step II). If the control is sustained, ICS should be tapered down to maintain the therapy on the lowest possible dose along with SABA as 'on demand' basis. The GINA guidelines favour this approach only as a second alternative for fear of loss of control. However, any loss of control can be managed by re-introduction of LABAs along with optimal dose ICS, i.e. a reversal to "Step-I".

It is important to recognise loss of control at the earliest so that it can be managed without delay. Any loss of control is likely to be more evident in patients who step down with LABAs in contrast to those who step down with ICS and continue with LABAs who may have masking effect.

In conclusion, studies are required to examine the two strategies, i.e. stepping down initially by reducing the dose of ICS or by withdrawal of LABAs.