

References

1. Cates CJ, Crilly JA, Rowe BH. Holding chambers (spacers) versus nebulisers for beta-agonist treatment of acute asthma. *Cochrane Database Syst Rev.* 2006;19(2): CD000052.
2. Radzik D, Peroni DG, Pescollerung L, Piacentini GL, Chatzimichail A, Boner AL. Nebulizers or pressurized metered-dose inhalers in the treatment of asthma exacerbations. *Allergy Asthma Proc.* 2005;26(3): 207-9.
3. Salyer JW, DiBlasi RM, Crotwell DN, Cowan CA, Carter ER. The conversion to metered-dose inhaler with valved holding chamber to administer inhaled albuterol: a pediatric hospital experience. *Respir Care.* 2008;53(3):338-45.
4. Dezateux C, Walters S, Balfour-Lynn I. Inhaled corticosteroids for cystic fibrosis. *Cochrane Database Syst Rev.* 2000;(2): CD001915.
5. Halfhide C, Evans HJ, Couriel J. Inhaled bronchodilators for cystic fibrosis. *Cochrane Database Syst Rev.* 2005;(4):CD003428.
6. Jones AP, Wallis CE, Kearney CE. Dornase alfa for cystic fibrosis. *Cochrane Database Syst Rev.* 2003;(3):CD001127.
7. Donaldson SH. Hydrator therapies for cystic fibrosis lung disease. *Pediatric Pulmonol.* 2008;43(S9):S18-S23.
8. Subbarao P, Balkovec S, Solomon M, Ratjen F. Pilot study of safety and tolerability of inhaled hypertonic saline in infants with cystic fibrosis. *Pediatric Pulmonol.* 2007;42(5):471-6.
9. Gibson RL, Burns JL, Ramsey BW. Pathophysiology and management of pulmonary infections in cystic fibrosis. *Am J Respir Crit Care Med.* 2003;168:918-51.
10. Ryan G, Mukhopadhyay S, Singh M. Nebulised anti-pseudomonal antibiotics for cystic fibrosis. *Cochrane Database Syst Rev.* 2003;(3):CD001021.
11. McCoy KS, Quittner AL, Oermann CM, Gibson RL, Retsch-Bogart GZ, Montgomery AB. Inhaled Aztreonam Lysine for Chronic Airway Pseudomonas aeruginosa in Cystic Fibrosis. *Am J Respir Crit Care Med.* 2008;178(9):921-8. Epub 2008 Jul 24.
12. American Academy of Pediatrics Subcommittee on Diagnosis and Management of Bronchiolitis. *Pediatrics.* 2006;118:1774-93.
13. Hartling L, Wiebe N, Russell K, Patel H, Klassen TP. Epinephrine for bronchiolitis. *Cochrane Database Syst Rev.* 2004;(1): CD003123.
14. Zhang L, Mendoza-Sassi RA, Wainwright C, Klassen TP. Nebulized hypertonic saline solution for acute bronchiolitis in infants. *Cochrane Database Syst Rev.* 2008;(4): CD006458.
15. Rittichier KK. The role of corticosteroids in the treatment of croup. *Treat Respir Med.* 2004;3(3):139-45.
16. Hendriks T, de Hoog M, Lequin MH, Devos AS, Merkus PJ. DNase and atelectasis in non-cystic fibrosis pediatric patients. *Crit Care.* 2005;9:R351-6.
17. Riethmueller J, Borth-Bruhns T, Kumpf M, Vonthein R, Wiskirchen J, Stern M, et al. Recombinant human deoxyribonuclease shortens ventilation time in young, mechanically ventilated children. *Pediat Pulmonol.* 2006;41:61-6.
18. Boogaard R, de Jongste JC, Merkus PJ. Pharmacotherapy of impaired mucociliary clearance in non-CF pediatric lung disease. A review of the literature. *Pediatric Pulmonol.* 2007;42:989-1001.
19. Tin W, Wiswell TE. Adjunctive therapies in chronic lung disease: examining the evidence. *Semin Fetal Neonatal Med.* 2008; 13:44-52.

For personal use only. Not to be reproduced without permission of the publisher (copyright@ppme.eu).

NEWS FLASH

Revised guidelines on use of ESAs

Adherence to new international guidelines on the use of erythropoiesis stimulating agents (ESAs) in the management of chemotherapy-induced anaemia can improve the quality of life of cancer patients, while minimising the risks of ESA side effects.

Speakers at the Hospira-sponsored symposium at the joint ECCO 15-ESMO 34 Congress in Berlin, Germany, 20–24 September 2009, urged colleagues to stick to the revised haemoglobin thresholds recommended in the guidelines and target ESA treatment at those cancer patients undergoing chemotherapy who have been shown to gain most benefit.

International guidelines now recommend initiating ESA treatment in patients with haemoglobin levels less than 10g/dL and stopping once they have become transfusion independent or when their haemoglobin levels reach 12 g/dL. Speaker Dr Jim Janinis was confident that by following them, lower levels of venous thromboembolic events would be reported.

Sixty-eight percent of delegates attending the symposium reported that their clinics were now using biosimilar ESAs.

Apró MS, Link H. September 2007 update on EORTC guidelines and anemia management with erythropoiesis-stimulating agents. *The Oncologist.* 2008;13 (Suppl 3):33-6.

EJHP Science — Call for Papers

The scope of the *European Journal of Hospital Pharmacy Science* is broad, and manuscripts reporting on high quality research in any area of hospital pharmacy, including scientific, clinical, technical, economic and social aspects, are considered for publication. The *European Journal of Hospital Pharmacy Science* is supported by the appointment of an International Advisory Board and an experienced Editorial Board. All papers are peer reviewed by international experts in the field. The language for the journal is English and manuscripts should be submitted in English. The EJHP-S Guidance for Authors is available on the website (www.ejhp.eu), where the journal is freely available in PDF format. Prospective authors are invited to submit work for consideration for EJHP-S. You are encouraged to discuss your ideas for manuscripts with the Editor-in-Chief, Professor Per Hartvig (via science@ejhp.org).