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A Comparative Efficacy of Oral Prednisone with Intramuscular Triamcinolone in Acute Exacerbation of Asthma

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Abstract:

Corticosteroids are recommended for emergency management of an asthmatic attack. This study was designed to compare the effectiveness of oral and intramuscular steroid on spirometric results in acute asthma. We performed a randomized trial involving 88 adults, aged 15-70 years, with acute exacerbation of asthma requiring treatment with steroids. All had been treated with standard bronchodilator regimens and then received oral prednisone, 40 mg/day for 7 days, or 40 mg/day intramuscular triamcinolone long acting (LA) for 3 days. Spirometric variable and percentage of change to baseline forced vital capacity (FVC) and forced expiratory volume in 1 second (FEV1) after treatment were calculated. Baseline characteristic were comparable in the oral prednisone group (n=44) and in the intramuscular triamcinolone LA groups (n=44). After 7 days of treatment, the mean (SD) FEV1 and FVC in both groups improved statistically over baseline values (P<0.001). The median percentage change improvement of FEV1 between two treatment groups was statistically significant: 68±45.3% vs. 53.4±46.5%, P=0.04) respectively, but for FVC although improvement with prednisone was better than intramuscular triamcinolone LA groups, it was not statistically significant (52.6±40.1% vs. 45.8±39.9%, P=0.43) respectively. We conclude that in adults with acute asthma, oral prednisone is more effective than intramuscular triamcinolone LA in improvement of FEV1, but although efficacy of oral prednisone in improvement of FVC is more than intramuscular triamcinolone LA group, this effect is not significant.

Keywords:

Prednisone , Triamcinolone

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