



## ERRATA

### **“THE ROLE OF SMALL AIRWAYS IN OBSTRUCTIVE AIRWAY DISEASES”. P-R. BURGEL. *EUR RESPIR REV* 2011; 20: 23–33.**

Unfortunately, the following dosing information in this article was presented incorrectly in the *Therapeutic intervention in small airways disease* section.

PAPI and co-workers [71, 72] have shown that extrafine combination of BDP/formoterol was not inferior (as measured by morning peak expiratory flow in the last 2 weeks of a 12-week treatment) to non-extrafine combination of BDP/formoterol [71] and fluticasone/formoterol [72].

HUCHON *et al.* [74] performed a 24-week study in 645 patients with moderate-to-severe asthma, comparing extrafine HFA-BDP/formoterol in a single inhaler to CFC-BDP in a single inhaler and to CFC-BDP and formoterol DPI administered via separate inhalers. HFA-BDP/formoterol was as effective as CFC-BDP plus formoterol DPI and was superior to CFC-BDP alone in improving lung function (as measured by morning peak expiratory flow).

The dosing information should have been presented in this section as follows.

PAPI and co-workers [71, 72] have shown that extrafine combination of BDP/formoterol was not inferior (as measured by morning peak expiratory flow in the last 2 weeks of a 12-week treatment) to non-extrafine combination of budesonide/formoterol [71] and fluticasone/salmeterol [72].

HUCHON *et al.* [74] performed a 24-week study in 645 patients with moderate-to-severe asthma, comparing extrafine HFA-BDP/formoterol in a single inhaler to CFC-BDP in a single inhaler and a combination of BDP and formoterol administered in larger particles *via* separate inhalers.

The following sentence was also incorrect: “In asthmatic patients, the dose of non-extrafine BDP required to achieve an improvement in lung function is 2.5 times higher than the dose of HFA-extrafine formulation required to produce the same increase in FEV<sub>1</sub> [68].”

And should have read: “In asthmatic patients, the dose of conventional non-extrafine BDP required to achieve an improvement in lung function is 2.5 times higher than the dose of HFA-extrafine formulation required to produce the same increase in FEV<sub>1</sub> [68].”

A corrected version of the manuscript is available online at [err.ersjournals.com](http://err.ersjournals.com)

