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Montelukast for Patients with Asthma: Clinical Effectiveness

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Research Question

What is the clinical effectiveness of montelukast for patients with asthma?

Key Findings

Twenty-one systematic reviews (ten with meta-analyses) and 48 randomized controlled trials were identified regarding the clinical effectiveness of montelukast for patients with asthma.

Methods

A limited literature search was conducted by an information specialist on key resources including Medline, Embase, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were Montelukast and asthma. Search filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, network meta-analyses, randomized controlled trials or controlled clinical trials. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2008 and July 13, 2020. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	Patients any age with asthma not induced by exercise
Intervention	Oral montelukast (leukotriene receptor antagonist) as an add-on therapy or monotherapy
Comparator	Placebo; standard of care i.e.: <ul style="list-style-type: none"> • LABAs e.g., formoterol, salmeterol • SABAs e.g., salbutamol/albuterol, and terbutaline • ICS e.g., beclomethasone, budesonide, ciclesonide, fluticasone, mometasone • Combination ICS/LABA e.g., budesonide/formoterol, mometasone/formoterol, fluticasone/salmeterol, fluticasone/vilanterol • Combination of standard of care with other medication
Outcomes	Clinical effectiveness: resolution of symptoms, symptom relief (shortness of breath, night-time awakening, asthma exacerbations), rescue SABA use, rescue ICS use/dose, hospitalizations, oral steroid use, forced expiratory volume in 1 second, peak expiratory flow, spirometry, quality of life; Adverse events (i.e., infection, rash, mortality)
Study Designs	Health technology assessments, systematic reviews, randomized controlled trials

ICS = inhaled corticosteroids; LABAs = long-acting beta-agonists; SABAs = short-acting beta agonists

Results

Twenty-one systematic reviews¹⁻²¹ (ten with meta-analyses) and 48 randomized controlled trials²²⁻⁶⁹ were identified regarding the clinical effectiveness of montelukast for patients with asthma. No relevant health technology assessments were identified.

Additional references of potential interest that did not meet the inclusion criteria are provided in the appendix.

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

1. Murphy KR, Hong JG, Wandalsen G, et al. Nebulized Inhaled corticosteroids in Asthma Treatment in Children 5 Years or Younger: A Systematic Review and Global Expert Analysis. *J Allergy Clin Immunol Pract*. 2020 Jun;8(6):1815-1827.
[PubMed: PM32006721](#)
2. Rajanandh MG, Ahalya SP, Anjali R, Abirami A, Bhuvanewari JG. A systematic review of second-line controller combination therapy options for the management of asthma. *Drugs Ther Perspect*. 2019 12 Feb;35(2):77-85.
<https://link.springer.com/article/10.1007/s40267-018-0591-2>
3. Castro-Rodriguez JA, Rodriguez-Martinez CE, Ducharme FM. Daily inhaled corticosteroids or montelukast for preschoolers with asthma or recurrent wheezing: A systematic review. *Pediatr Pulmonol*. 2018 12;53(12):1670-1677.
[PubMed: PM30394700](#)
4. Chauhan BF, Jeyaraman MM, Singh Mann A, et al. Addition of anti-leukotriene agents to inhaled corticosteroids for adults and adolescents with persistent asthma. *Cochrane Database Syst Rev*. 2017 Mar 16;3:CD010347.
[PubMed: PM28301050](#)
5. Kaiser SV, Huynh T, Bacharier LB, et al. Preventing Exacerbations in Preschoolers With Recurrent Wheeze: A Meta-analysis. *Pediatrics*. 2016 06;137(6):06.
[PubMed: PM27230765](#)
6. Castro-Rodriguez JA, Rodrigo GJ, Rodriguez-Martinez CE. Principal findings of systematic reviews for chronic treatment in childhood asthma. *J Asthma*. 2015 May;52(4):407-416.
[PubMed: PM25275887](#)
7. Chen X, Kang YB, Wang LQ, et al. Addition to inhaled corticosteroids of leukotriene receptor antagonists versus theophylline for symptomatic asthma: a meta-analysis. *J Thorac Dis*. 2015 Apr;7(4):644-652.
[PubMed: PM25973230](#)
8. Miligkos M, Bannuru RR, Alkofide H, Kher SR, Schmid CH, Balk EM. Leukotriene-receptor antagonists versus placebo in the treatment of asthma in adults and adolescents: a systematic review and meta-analysis. *Ann Intern Med*. 2015 Nov 17;163(10):756-767.
[PubMed: PM26390230](#)

9. Zhao Y, Han S, Shang J, Zhao X, Pu R, Shi L. Effectiveness of drug treatment strategies to prevent asthma exacerbations and increase symptom-free days in asthmatic children: a network meta-analysis. *J Asthma*. 2015 Oct;52(8):846-857.
[PubMed: PM26061910](#)
10. Chauhan BF, Ducharme FM. Addition to inhaled corticosteroids of long-acting beta2-agonists versus anti-leukotrienes for chronic asthma. *Cochrane Database Syst Rev*. 2014 Jan 24(1):CD003137.
[PubMed: PM24459050](#)
11. Massingham K, Fox S, Smaldone A. Asthma therapy in pediatric patients: a systematic review of treatment with montelukast versus inhaled corticosteroids. *J Pediatr Health Care*. 2014 Jan-Feb;28(1):51-62.
[PubMed: PM23312367](#)
12. Zhang HP, Jia CE, Lv Y, Gibson PG, Wang G. Montelukast for prevention and treatment of asthma exacerbations in adults: Systematic review and meta-analysis. *Allergy Asthma Proc*. 2014 Jul-Aug;35(4):278-287.
[PubMed: PM24992547](#)
13. Chauhan BF, Ben Salah R, Ducharme FM. Addition of anti-leukotriene agents to inhaled corticosteroids in children with persistent asthma. *Cochrane Database Syst Rev*. 2013 Oct 02(10):CD009585.
[PubMed: PM24089325](#)
14. Yang D, Luo H, Wang J, Bunjhoo H, Xu Y, Xiong W. Comparison of inhaled corticosteroids and leukotriene receptor antagonists in adolescents and adults with mild to moderate asthma: a meta-analysis. *The clinical respiratory journal*. 2013 Jan;7(1):74-90.
[PubMed: PM22364111](#)
15. Cao Y, Wang J, Bunjhoo H, Xie M, Xu Y, Fang H. Comparison of leukotriene receptor antagonists in addition to inhaled corticosteroid and inhaled corticosteroid alone in the treatment of adolescents and adults with bronchial asthma: a meta-analysis. *Asian Pac J Allergy Immunol*. 2012 Jun;30(2):130-138.
[PubMed: PM22830292](#)
16. Chauhan BF, Ducharme FM. Anti-leukotriene agents compared to inhaled corticosteroids in the management of recurrent and/or chronic asthma in adults and children. *Cochrane Database Syst Rev*. 2012 May 16(5):CD002314.
[PubMed: PM22592685](#)
17. Watts K, Chavasse RJ. Leukotriene receptor antagonists in addition to usual care for acute asthma in adults and children. *Cochrane Database Syst Rev*. 2012 May 16(5):CD006100.
[PubMed: PM22592708](#)
18. Ducharme FM, Lasserson TJ, Cates CJ. Addition to inhaled corticosteroids of long-acting beta2-agonists versus anti-leukotrienes for chronic asthma. *Cochrane Database Syst Rev*. 2011 May 11(5):CD003137.
[PubMed: PM21563136](#)

19. Fang H, Wang J, Jin D, Cao Y, Xu Y, Xiong W. Comparison of leukotriene receptor antagonist and theophylline in addition to inhaled corticosteroid in adult asthma: A meta-analysis. *Biomol Ther*. 2011 July;19(3):296-301.
20. Castro-Rodriguez JA, Rodrigo GJ. The role of inhaled corticosteroids and montelukast in children with mild-moderate asthma: results of a systematic review with meta-analysis. *Arch Dis Child*. 2010 May;95(5):365-370.
[PubMed: PM19946008](#)
21. Joos S, Miksch A, Szecsenyi J, et al. Montelukast as add-on therapy to inhaled corticosteroids in the treatment of mild to moderate asthma: a systematic review. *Thorax*. 2008 May;63(5):453-462.
[PubMed: PM18443162](#)

Randomized Controlled Trials

22. Yue X, Qin G, Wei Y, Dou Y, Li H. Efficacy and safety of montelukast sodium oral granule combined with budesonide in treating cough variant asthma in children. *Int J Clin Exp Med*. 2020;13(5):3246-3253.
<http://www.ijcem.com/files/ijcem0104973.pdf>
23. Baig S, Khan RA, Khan K, Rizvi N. Effectiveness and Quality of Life with Montelukast in Asthma - A double-blind randomized control trial. *Pak J Med Sci*. 2019;35(3):731-736.
[PubMed: PM31258585](#)
24. Hoshino M, Akitsu K, Ohtawa J. Comparison between montelukast and tiotropium as add-on therapy to inhaled corticosteroids plus a long-acting beta2-agonist in for patients with asthma. *J Asthma*. 2019 Sep;56(9):995-1003.
[PubMed: PM30212239](#)
25. Lv J, Zhong Z. Effect of leukotriene receptor antagonist on clinical symptoms, Th1/Th2 cytokines and pulmonary function in children with bronchial asthma. *Int J Clin Exp Med*. 2019;12(12):13890-13895.
<http://www.ijcem.com/files/ijcem0101248.pdf>
26. Sun W, Liu HY. Montelukast and Budesonide for Childhood Cough Variant Asthma. *J Coll Physicians Surg Pak*. 2019 Apr;29(4):345-348.
[PubMed: PM30925958](#)
27. Zhang Y, Wang H. Efficacy of montelukast sodium chewable tablets combined with inhaled budesonide in treating pediatric asthma and its effect on inflammatory factors. *Pharmazie*. 2019 11 01;74(11):694-697.
[PubMed: PM31739840](#)
28. Korenblat P, Kerwin E, Leshchenko I, et al. Efficacy and safety of lebrikizumab in adult patients with mild-to-moderate asthma not receiving inhaled corticosteroids. *Respir Med*. 2018 01;134:143-149.
[PubMed: PM29413502](#)
29. Magazine R, Surendra VU, Chogtu B. Comparison of oral montelukast with oral ozagrel in acute asthma: A randomized, double-blind, placebo-controlled study. *Lung India*. 2018 Jan-Feb;35(1):16-20.
[PubMed: PM29319028](#)

30. Miwa N, Nagano T, Ohnishi H, et al. An Open-Label, Multi-Institutional, Randomized Study to Evaluate the Additive Effect of a Leukotriene receptor antagonist on Cough Score in Patients with Cough-Variant Asthma Being Treated with Inhaled corticosteroids. *Kobe J Med Sci.* 2018 Dec 04;64(4):E134-E139.
[PubMed: PM30728339](#)
31. Nagao M, Ikeda M, Fukuda N, et al. Early control treatment with montelukast in preschool children with asthma: A randomized controlled trial. *Allergol Int.* 2018 Jan;67(1):72-78.
[PubMed: PM28526210](#)
32. Columbo M. Asthma in the elderly: a double-blind, placebo-controlled study of the effect of montelukast. *Asthma Res Pract.* 2017;3:3.
[PubMed: PM28428890](#)
33. Magazine R, Shahul HA, Chogtu B, Kamath A. Comparison of oral montelukast with oral zileuton in acute asthma: A randomized, double-blind, placebo-controlled study. *Lung India.* 2016 May-Jun;33(3):281-286.
[PubMed: PM27185992](#)
34. Rajanandh MG, Nageswari AD, Ilango K. Assessment of montelukast, doxofylline, and tiotropium with budesonide for the treatment of asthma: which is the best among the second-line treatment? A randomized trial. *Clin Ther.* 2015 Feb 01;37(2):418-426.
PubMed: PM25577543
35. Stelmach I, Ozarek-Hanc A, Zaczeniuk M, et al. Do children with stable asthma benefit from addition of montelukast to inhaled corticosteroids: randomized, placebo controlled trial. *Pulm Pharmacol Ther.* 2015 Apr;31:42-48.
[PubMed: PM25640020](#)
36. Ye YM, Kim SH, Hur GY, et al. Addition of Montelukast to Low-Dose Inhaled Corticosteroid Leads to Fewer Exacerbations in Older Patients Than Medium-Dose Inhaled Corticosteroid Monotherapy. *Allergy Asthma Immunol Res.* 2015 Sep;7(5):440-448.
[PubMed: PM26122504](#)
37. Jehan N, Rehman MU, Zarkoon MH. To determine the efficacy of inhaled corticosteroids compared to montelukast in reducing exacerbation in uncontrolled asthma in children 6 months to 5 years. *Pakistan Journal of Medical & Health Sciences.* 2014 01 Jul;8(3):662-666.
38. Rajanandh MG, Nageswari AD, Ilango K. Assessment of various second-line medications in addition to inhaled corticosteroid in asthma patients: a randomized controlled trial. *Clin Exp Pharmacol Physiol.* 2014 Jul;41(7):509-513.
[PubMed: PM24738981](#)
39. Shah MB, Gohil J, Khapekar S, Dave J. Montelukast versus budesonide as a first line preventive therapy in mild persistent asthma in 2 to 18 y. *Indian J Pediatr.* 2014 Jul;81(7):655-659.
[PubMed: PM24553973](#)

40. Lenney W, McKay AJ, Tudur Smith C, et al. Management of Asthma in School age Children On Therapy (MASCOT): a randomised, double-blind, placebo-controlled, parallel study of efficacy and safety. *Health Technol Assess*. 2013 Feb;17(4):1-218.
[PubMed: PM23380178](#)
41. Marogna M, Braidì C, Bruno ME, et al. The contribution of sublingual immunotherapy to the achievement of control in birch-related mild persistent asthma: a real-life randomised trial. *Allergol Immunopathol (Madr)*. 2013 Jul-Aug;41(4):216-224.
[PubMed: PM23141837](#)
42. Nakaji H, Petrova G, Matsumoto H, et al. Effects of 24-week add-on treatment with ciclesonide and montelukast on small airways inflammation in asthma. *Ann Allergy Asthma Immunol*. 2013 Mar;110(3):198-203.e193.
[PubMed: PM23548532](#)
43. Szeffler SJ, Carlsson LG, Uryniak T, Baker JW. Budesonide inhalation suspension versus montelukast in children aged 2 to 4 years with mild persistent asthma. *J Allergy Clin Immunol Pract*. 2013 Jan;1(1):58-64.
[PubMed: PM24229823](#)
44. Zubairi AB, Salahuddin N, Khawaja A, et al. A randomized, double-blind, placebo-controlled trial of oral montelukast in acute asthma exacerbation. *BMC Pulm Med*. 2013 Mar 28;13:20.
[PubMed: PM23537391](#)
45. Philip G, Villaran C, Shah SR, Vandormael K, Smugar SS, Reiss TF. The efficacy and tolerability of inhaled montelukast plus inhaled mometasone compared with mometasone alone in patients with chronic asthma. *J Asthma*. 2011 Jun;48(5):495-502.
[PubMed: PM21545249](#)
46. Price D, Musgrave SD, Shepstone L, et al. Leukotriene antagonists as first-line or add-on asthma-controller therapy. *N Engl J Med*. 2011 May 05;364(18):1695-1707.
[PubMed: PM21542741](#)
47. Ramsay CF, Pearson D, Mildenhall S, Wilson AM. Oral montelukast in acute asthma exacerbations: a randomised, double-blind, placebo-controlled trial. *Thorax*. 2011 Jan;66(1):7-11.
[PubMed: PM20956393](#)
48. Valovirta E, Boza ML, Robertson CF, et al. Intermittent or daily montelukast versus placebo for episodic asthma in children. *Ann Allergy Asthma Immunol*. 2011 Jun;106(6):518-526.
[PubMed: PM21624752](#)
49. Visitsunthorn N, Chirdjirapong V, Santadilog S, et al. The effect of montelukast on bronchial hyperreactivity and lung function in asthmatic children aged 6-13 years. *Asian Pac J Allergy Immunol*. 2011 Jun;29(2):127-133.
[PubMed: PM21980827](#)

50. Djukanovic R, Wilson SJ, Moore WC, et al. Montelukast added to fluticasone propionate does not alter inflammation or outcomes. *Respir Med.* 2010 Oct;104(10):1425-1435.
[PubMed: PM20709517](#)
51. Wang X, Zhou J, Zhao X, Yi X. Montelukast Treatment of Acute Asthma Exacerbations in Children Aged 2 to 5 Years: A Randomized, Double-Blind, Placebo-Controlled Trial. *Pediatr Emerg Care.* 2018 Mar;34(3):160-164.
[PubMed: PM28590992](#)
52. Bateman ED, Guerrerros AG, Brockhaus F, et al. Fevipiprant, an oral prostaglandin DP₂ receptor (CRTh2) antagonist, in allergic asthma uncontrolled on low-dose inhaled corticosteroids. *Eur Respir J.* 2017 08;50(2):08.
[PubMed: PM28838980](#)
53. Chaudhury A, Gaude GS, Hattiholi J. Effects of oral montelukast on airway function in acute asthma: A randomized trial. *Lung India.* 2017 Jul-Aug;34(4):349-354.
[PubMed: PM28671166](#)
54. Lemanske RF, Jr., Mauger DT, Sorkness CA, et al. Step-up therapy for children with uncontrolled asthma receiving inhaled corticosteroids. *N Engl J Med.* 2010 Mar 18;362(11):975-985.
[PubMed: PM20197425](#)
55. Olszowiec-Chlebna M, Majak P, Brzozowska A, Bobrowska-Korzeniowska M, Jerzynska J, Stelmach I. Effect of inhaled steroid and montelukast on clinical symptoms in children with newly diagnosed asthma: a pilot study. *Pediatr Allergy Immunol.* 2010 Jun;21(4 Pt 2):e687-690.
[PubMed: PM20202147](#)
56. Patel YA, Patel P, Bavadia H, Dave J, Tripathi CB. A randomized, open labeled, comparative study to assess the efficacy and safety of controller medications as add on to inhaled corticosteroid and long-acting beta2 agonist in the treatment of moderate-to-severe persistent asthma. *J Postgrad Med.* 2010 Oct-Dec;56(4):270-274.
[PubMed: PM20935397](#)
57. Philip G, Pedinoff A, Vandormael K, et al. A phase I randomized, placebo-controlled, dose-exploration study of single-dose inhaled montelukast in patients with chronic asthma. *J Asthma.* 2010 Dec;47(10):1078-1084.
[PubMed: PM20936994](#)
58. Ulrik CS, Diamant Z. Add-on montelukast to inhaled corticosteroids protects against excessive airway narrowing. *Clin Exp Allergy.* 2010 Apr;40(4):576-581.
[PubMed: PM20128823](#)
59. Weiss KB, Gern JE, Johnston NW, et al. The Back to School asthma study: the effect of montelukast on asthma burden when initiated prophylactically at the start of the school year. *Ann Allergy Asthma Immunol.* 2010 Aug;105(2):174-181.
[PubMed: PM20674830](#)

60. Schuh S, Willan AR, Stephens D, Dick PT, Coates A. Can montelukast shorten prednisolone therapy in children with mild to moderate acute asthma? A randomized controlled trial. *J Pediatr*. 2009 Dec;155(6):795-800.
[PubMed: PM19656525](#)
61. Covar RA, Szeffler SJ, Zeiger RS, et al. Factors associated with asthma exacerbations during a long-term clinical trial of controller medications in children. *J Allergy Clin Immunol*. 2008 Oct;122(4):741-747.e744.
[PubMed: PM19014765](#)
62. Koenig SM, Ostrom N, Pearlman D, et al. Deterioration in asthma control when subjects receiving fluticasone propionate/salmeterol 100/50 mcg Diskus are "stepped-down". *J Asthma*. 2008 Oct;45(8):681-687.
[PubMed: PM18951261](#)
63. Maspero J, Guerra F, Cuevas F, et al. Efficacy and tolerability of salmeterol/fluticasone propionate versus montelukast in childhood asthma: A prospective, randomized, double-blind, double-dummy, parallel-group study. *Clin Ther*. 2008 Aug;30(8):1492-1504.
[PubMed: PM18803991](#)
64. Mastronarde JG, Wise RA, Shade DM, Olopade CO, Scharf SM, American Lung Association Asthma Clinical Research C. Sleep quality in asthma: results of a large prospective clinical trial. *J Asthma*. 2008 Apr;45(3):183-189.
[PubMed: PM18415823](#)
65. Nelson KA, Smith SR, Trinkaus K, Jaffe DM. Pilot study of oral montelukast added to standard therapy for acute asthma exacerbations in children aged 6 to 14 years. *Pediatr Emerg Care*. 2008 Jan;24(1):21-27.
[PubMed: PM18165796](#)

Mixed Population – Allergic Rhinitis

66. Jindal A, Suriyan S, Sagadevan S, et al. Comparison of Oral Montelukast and Intranasal Fluticasone in Patients with Asthma and Allergic Rhinitis. *J Clin Diagn Res*. 2016 Aug;10(8):OC06-10.
[PubMed: PM27656477](#)
67. Katial RK, Oppenheimer JJ, Ostrom NK, et al. Adding montelukast to fluticasone propionate/salmeterol for control of asthma and seasonal allergic rhinitis. *Allergy Asthma Proc*. 2010 Jan-Feb;31(1):68-75.
[PubMed: PM20167147](#)
68. Marogna M, Colombo F, Spadolini I, et al. Randomized open comparison of montelukast and sublingual immunotherapy as add-on treatment in moderate persistent asthma due to birch pollen. *J Investig Allergol Clin Immunol*. 2010;20(2):146-152.
[PubMed: PM20461969](#)
69. Li AM, Abdullah VJ, Tsen CS, et al. Leukotriene receptor antagonist in the treatment of childhood allergic rhinitis--a randomized placebo-controlled study. *Pediatr Pulmonol*. 2009 Nov;44(11):1085-1092.
[PubMed: PM19746439](#)

Appendix — Further Information

Systematic Reviews and Meta-Analyses – Comparator Not Specified

70. Castro-Rodriguez JA, G JR, C ER-M. Principal findings of systematic reviews of acute asthma treatment in childhood. *J Asthma*. 2015;52(10):1038-1045.
[PubMed: PM26303207](#)
71. Aagaard L, Hansen EH. Adverse drug reactions associated with asthma medications in children: systematic review of clinical trials. *Int J Clin Pharm*. 2014 Apr;36(2):243-252.
[PubMed: PM24562976](#)

Randomized Controlled Trials

Asthma Diagnosis Unclear

72. Ding B, Lu Y, Li Y, Zhou W, Qin F. Efficacy of treatment with montelukast, fluticasone propionate and budesonide liquid suspension for the prevention of recurrent asthma paroxysms in children with wheezing disorders. *Exp Ther Med*. 2019 Oct;18(4):3090-3094.
[PubMed: PM31555389](#)
73. Kooi EM, Schokker S, Marike Boezen H, et al. Fluticasone or montelukast for preschool children with asthma-like symptoms: Randomized controlled trial. *Pulm Pharmacol Ther*. 2008 Oct;21(5):798-804.
[PubMed: PM18647656](#)

Exercise-Induced Asthma Exacerbation

74. Wasfi YS, Kemp JP, Villaran C, et al. Onset and duration of attenuation of exercise-induced bronchoconstriction in children by single-dose of montelukast. *Allergy Asthma Proc*. 2011 Nov-Dec;32(6):453-459.
[PubMed: PM22221440](#)
75. Fogel RB, Rosario N, Aristizabal G, et al. Effect of montelukast or salmeterol added to inhaled fluticasone on exercise-induced bronchoconstriction in children. *Ann Allergy Asthma Immunol*. 2010 Jun;104(6):511-517.
[PubMed: PM20568384](#)
76. Raissy HH, Harkins M, Kelly F, Kelly HW. Pretreatment with albuterol versus montelukast for exercise-induced bronchospasm in children. *Pharmacotherapy*. 2008 Mar;28(3):287-294.
[PubMed: PM18294107](#)

Mixed Intervention

77. Bonsignore MR, La Grutta S, Cibella F, et al. Effects of exercise training and montelukast in children with mild asthma. *Med Sci Sports Exerc*. 2008 Mar;40(3):405-412.
[PubMed: PM18379200](#)

Review Articles

78. Vogelberg C, Goldstein S, Graham L, Kaplan A, De La Hoz A, Hamelmann E. A comparison of tiotropium, long-acting beta2-agonists and leukotriene receptor antagonists on lung function and exacerbations in paediatric patients with asthma. *Respir Res.* 2020;21(1):19.
[PubMed: PM31931792](#)
79. Castro-Rodriguez JA, Custovic A, Ducharme FM. Treatment of asthma in young children: evidence-based recommendations. *Asthma Res Pract.* 2016;2:5.
[PubMed: PM27965773](#)
80. Jartti T. Inhaled corticosteroids or montelukast as the preferred primary long-term treatment for pediatric asthma? *Eur J Pediatr.* 2008 Jul;167(7):731-736.
[PubMed: PM18214538](#)