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## WHO–Lancet Global Series on health and the arts

We welcome the launch of a special *Lancet* Series on the health benefits of the arts.<sup>1</sup> However, as a group of researchers in the field of arts and health, we wish to inject a note of caution, and highlight critical perspectives on substantial scoping reviews of research on the contribution of the arts to health.<sup>2</sup>

Critiques of research on music, visual arts, and dance interventions for children and young people experiencing mental health challenges have shown limitations of randomised controlled trials and a scarcity of critical perspective in meticulously conducted systematic reviews and meta-analyses.<sup>3</sup> Moreover, a rigorous large-scale randomised trial of singing versus standard physical training within community-based pulmonary rehabilitation for chronic obstructive pulmonary disease found only modest improvements in exercise capacity and quality of life (far from the minimum important difference), no improvements in anxiety symptoms, depressive symptoms, or respiratory function, and no differences in outcomes compared with standard physical training.<sup>4</sup> In addition, although recreational engagement with the arts could be beneficial for health and wellbeing, harmful effects of professional career paths in music have been documented.<sup>5</sup>

We accept that engagement in the arts and cultural activities could represent a positive health resource, but emphasise the importance of a scientific approach which balances optimism with assessments of uncertainty to guide efficient deployment of the arts to benefit

health. Further, we believe that the evidence base is still to be established as to whether the arts are as “necessary for our health and wellbeing as are exercise, good nutrition, and sleep”.<sup>1</sup>

We declare no competing interests.

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## The combination of systemic corticosteroids and inhaled adrenaline for bronchiolitis

In their Review of the management of bronchiolitis, Stuart R Dalziel and colleagues<sup>1</sup> present data from a randomised trial in Canadian emergency departments that reported benefit from a combination of

systemic corticosteroids and inhaled adrenaline, but no benefit from corticosteroids alone or adrenaline alone. However, after adjustment for multiple comparisons, the p value for the combination of corticosteroids and adrenaline was 0.07.<sup>2</sup>

The Review did not mention our pragmatic, randomised trial in children with severe bronchiolitis in intensive care,<sup>3</sup> in which the combination of systemic corticosteroids and inhaled adrenaline reduced the duration of positive pressure support by 34% (95% CI 16–49%), and the duration of nasopharyngeal positive pressure and mechanical ventilation by 49% (95% CI 21–66%) in the most severely ill children. The pragmatic design allowed for the comparison of corticosteroid–adrenaline with current practice (ie, respiratory support, nutrition, and sedation as determined by treating clinicians within the trial guidelines), but bias might have occurred because the trial was unblinded, weaning was not protocolised, and only 25% of eligible children were enrolled.

Because both the Canadian trial and our trial in Australia and New Zealand suggest benefit from treatment with a combination of systemic corticosteroids and inhaled adrenaline, further randomised trials are needed in children with both moderately severe and severe bronchiolitis.

We declare no competing interests.

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