



Reply to: Magnesium sulphate intravenously reduces tachycardia side-effects of β_2 -agonists

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Reply to: W.F.S. Sellers and M.F.M. James:

We thank W.F.S. Sellers and M.F.M. James for their correspondence in response to our review on the use of intravenous magnesium sulphate in acute asthma in childhood [1] and welcome their comments. Salbutamol induced tachycardia and palpitations are a concern in younger children when treated with large doses of salbutamol [2]. Emphasising the effect that magnesium has on reducing this tachycardia is important. We were aware of the lack of evidence for the 20-min infusion rate but did not mention it in the paper. Recognising that it is safe and may have a greater effect if delivered at a greater speed will be useful for further development of randomised controlled acute asthma in childhood studies. This illustrates how important it is to share experience across specialties.



Shareable abstract (@ERSpublications)

Intravenous magnesium sulphate reduces β_2 -agonist induced tachycardia <https://bit.ly/3pPnGKI>

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Conflict of interest: The authors have nothing to disclose.

References

- 1 Erumbala G, Anzar S, Tonbari A, *et al.* Stating the obvious: intravenous magnesium sulphate should be the first parenteral bronchodilator in paediatric asthma exacerbations unresponsive to first-line therapy. *Breathe* 2021; 17: 210113.
- 2 Starkey ES, Mulla H, Sammons HM, *et al.* Intravenous salbutamol for childhood asthma: evidence-based medicine? *Arch Dis Child* 2014; 99: 873–877.