the triple combination. An analysis of the relationships between the pharmacokinetics of telaprevir and either severe rash or a decrease in the hemoglobin level (to <9.5 g per deciliter [5.9 mmol per liter]) shows no consistent reason for an improved adverse-event profile in cases of a lower dose (unpublished data).

Therefore, efforts should be directed at adverse-event awareness, monitoring, and management so that patients are able to complete treatment and maximize their chance of a successful and safe response to therapy.

We also agree with Kao. New HCV therapies that are in development should be studied in populations with favorable responses to therapy (Asians) and in populations with less favorable responses to therapy (blacks and Latinos) to fully characterize their efficacy and safety.

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Asthma in Pregnancy

TO THE EDITOR: In their review article on asthma in pregnancy (April 30 issue),[1] Schatz and Dombrowski state that leukotriene-receptor antagonists may be considered as an alternative to inhaled corticosteroids in pregnancy. However, current guidelines by the British Thoracic Society[2] advocate against starting these agents during pregnancy. Given the limited safety data available on leukotriene-receptor antagonists and the literature regarding the safety of inhaled corticosteroids during pregnancy,[3,4] use of the corticosteroids would seem a better approach in cases of mild asthma.

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THE AUTHORS REPLY: We agree that inhaled corticosteroids are the preferred controller therapy for all levels of persistent asthma during pregnancy, as noted in Tables 2 and 5 of our article. However, because of reassuring data from studies in animals (Food and Drug Administration Pregnancy Category B) and at least some reassuring published data about humans,[1] we and the most recent pregnancy-specific guidelines of the National Asthma Education and Prevention Program[2] have not considered leukotriene-receptor antagonists to be contraindicated during pregnancy. As "alternative controller medications" for step 2 of asthma therapy, they provide alternatives in circumstances in which inhaled corticosteroids have not been effective, have not been tolerated, or are declined by the patient for other reasons. We also state in Table 5 of our article that another circumstance in which leukotriene-receptor antagonists may be considered for use during pregnancy is when they have been providing good control of asthma before pregnancy.

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Care of War Veterans with Mild Traumatic Brain Injury

TO THE EDITOR: The views expressed by Hoge and colleagues in their Perspective article (April 16 issue)[1] on the role of mild traumatic brain injury (TBI) in postdeployment dysfunction are not upheld by the clinical experience of most experts who provide care. The authors' concern that the postdeployment system of care implemented by the Veterans Health Administration (VHA) has unintended adverse health consequences is based on inaccurate information.

Screening for TBI is part of broader postdeployment screening for potential health problems, including post-traumatic stress disorder (PTSD), depression, alcohol abuse, infectious diseases, and chronic symptoms. Screening by the VHA helps to identify populations at risk and to structure standardized care. Screening for TBI identifies symptomatic persons who may have had TBI and need a more comprehensive evaluation. This interdisciplinary evaluation determines whether TBI occurred; identifies active symptoms, relevant medical conditions, and psychiatric factors; and permits the development of a treatment plan. These evaluations are typically conducted in rehabilitation-medicine clinics designed specifically for cases of mild TBI.

Overlap in the symptoms of residual effects of concussion, PTSD, depression, and chronic pain is well recognized and is the rationale for an interdisciplinary approach. The majority of veterans who are screened have been determined not to have TBI, yet many have symptoms that are evaluated and treated — according to clinical practice guidelines developed by a panel of experts, including Hoge.[2] Mental health services are integrated into these programs, and patient education regarding an expected positive outcome is a cornerstone intervention. Ongoing medical education activities help to ensure the provision of standardized care that follows these empirical treatment strategies.

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The views expressed are those of the authors and do not necessarily represent the views of the Department of Veterans Affairs.

1. Hoge CW, Goldberg HM, Castro CA. Care of war veterans with mild traumatic brain injury — flawed perspectives. N Engl J Med 2009;360:1588-91.
2. The Management of Concussion/mTBI Working Group. VA/DOD clinical practice guideline for management of concussion/mild traumatic brain injury. Washington, DC: Department of Veterans Affairs, 2009.

TO THE EDITOR: The opinions expressed by Hoge et al. are flawed and misrepresent the evidence. More specifically, TBI, like other diseases, presents with a continuum of severity (mild to severe). To argue that mild TBI has a different epidemiology is to ignore evidence of this spectrum of severity. Substituting the term "concussion" for mild TBI changes the rhetoric, not the science or sequelae.

The accepted incidence of postconcussive symptoms in civilians is 5 to 20%,[1,2] not 3 to 5%. A range of factors contributes to the presentation of symptoms and recovery in cases of mild TBI. Indeed, a set of symptoms has been found to be both sensitive and specific in the diagnosis of mild TBI.[3] Thus, although some symptoms may be nonspecific (as with many other medical conditions), others are not. Experienced clinicians consider all contributing factors in making diagnostic decisions. Education after mild TBI has been found to reduce distress rather than exacerbate the condition.[4]

The opinions expressed by Hoge et al. may harm service members and civilians alike by limiting the identification of persons who are injured and the provision of appropriate care, thereby causing unnecessary suffering, disability,[5] and ultimately greater taxpayer expense.