

Asthmatic children still not breathing easier, study says

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Only 20 percent of children with persistent asthma have a level of control that is optimal, according to a survey-based study published today in the journal of *Ambulatory Pediatrics*.

"That leaves almost 80 percent who are suffering more than they need to," said the study's lead author, Jill Halterman, M.D., M.P.H., Associate Professor of Pediatrics at Golisano Children's Hospital at Strong. "They may be experiencing unnecessary symptoms, missed school days, and restrictions on activity. That's a problem."

Halterman said the survey results are striking because, in contrast, current therapies are very effective. In fact, according to reports issued by the National Institutes of Health, if used consistently and in conjunction with action plans and avoidance of environmental triggers, the therapies should ideally make it possible for children to experience no symptoms of asthma, no limitation in function and no serious exacerbations.

"That's a lofty goal to dangle before patients," Halterman said. "We wanted a closer look into why so many children weren't reaping the benefits of today's therapeutic advances."

Current guidelines recommend that all children with persistent asthma – half of the 9.4 percent of children who have any form of asthma – are prescribed daily anti-inflammatory medication. In spite of this, the most recent study revealed that 37 percent received no preventive medication,



and perhaps more shockingly, 43 percent did receive medications, yet they were still troubled by poor symptom control (experiencing either persistent symptoms or frequent asthma attacks).

"This second group – the children who were experiencing poor symptom control despite the use of preventive medications – has received relatively little attention until now," Halterman said.

Especially interested in this disconnect, Halterman and her colleagues began to examine the data and found several potential reasons for it, including children not using the daily medication consistently, being exposed to environmental triggers, such as secondhand smoke, or allergens like mold or pets, or simply not receiving adequate education about what to watch out for or what to do in the case of an attack.

Even more surprisingly, this incidence of poor control despite medication use was prevalent across the board, regardless of the child's age or the household's income level.

"The bottom line is that there's much work that needs to be done in making sure that children with asthma receive appropriate and effective care; it's more complex than one might think," Halterman said. "Asthma care involves coordination on everyone's part. Parents and patients need to report and track symptoms, relay this information to their doctor, use medications as prescribed, and steer clear of triggers. Physicians need to recognize persistent symptoms in their patients, and take time to prescribe, educate and draw up unique action plan for each patient's management."

Source: University of Rochester Medical Center



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