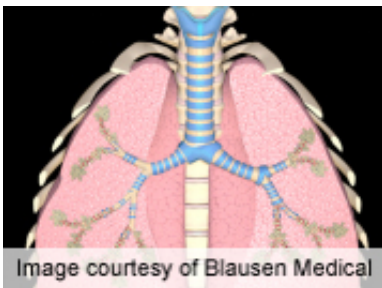


Review examines diagnosis, management of preschool wheeze

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(HealthDay)—Preschool children have high asthma morbidity, and further research on the short- and long-term outcomes is needed, according to a review published online May 3 in *The Lancet*. This review is part of a series published ahead of World Asthma Day on May 6 and the annual meeting of the American Thoracic Society, held from May 16 to 21 in San Diego.

Francine M. Ducharme, M.D., from the Sainte-Justine University Health Centre in Montreal, and colleagues conducted a systematic review to investigate diagnosis, management, and prognosis of preschool wheeze.

The researchers note that [preschool children](#) have higher asthma morbidity than other age groups, and that preschool wheeze is highly prevalent. The diagnosis of wheeze in [young children](#) is challenging, with

the two most frequent causes of wheezing being bronchiolitis and asthma. Different phenotypes have been identified, and the heterogeneity is due to interactions between genetics and pre- and postnatal environmental factors. Preschool children with wheeze have been suggested to have lasting deficits in lung function that persist into adulthood. In trials of children with interim symptoms or atopy, the most effective therapy for recurrent wheezing was daily-inhaled corticosteroids, while intermittent high-dose inhaled corticosteroids seemed effective for moderate-to-severe viral-induced wheezing without interim symptoms.

"Irrespective of phenotype, researchers need to document whether [asthma control](#) achieved rapidly after the initial diagnosis in early childhood predicts medium-term and long-term disease evolution (remission, persistence, and recurrence); acute-care use of health resources (morbidity); and consequently health care costs," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

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