

Children with well controlled asthma less likely to be bullied/teased by peers

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Children whose asthma is relatively well controlled are less likely to be bullied or teased by their peers because of their condition, suggests a study published online in the *Archives of Disease in Childhood*.

But kids who report bullying or teasing because of their [asthma](#) are more likely to report worse control as well as restrictions on [daily activities](#), the findings show.

Many [children](#) and young people are bullied, but those with long term conditions are especially vulnerable, say the researchers. Government figures indicate that 17% of 10–15 year olds in the UK are bullied, and almost 1 in 10 [young people](#) has asthma.

A review by the researchers of the published evidence revealed a consistent association between asthma and bullying victimization, but few explanations as to why such a relationship exists, added to which most of the data were derived solely from parental reports.

The researchers therefore drew on data from the Room to Breathe survey to explore whether [asthma control](#) was associated with bullying risk, and to what extent parental worries about their child's asthma were related to this.

In all, nearly 950 8 to 15 year olds and their parents/caregivers from six countries were interviewed for the Room to Breathe questionnaire, which concerned parental and child behaviors and beliefs of families with a child with asthma.

The children were asked if they had ever been made fun of or bullied because of their asthma. The level of asthma control was scored (GINA) from 0-4 on whether, over the preceding month, the child had had

daytime asthma symptoms more than twice a week; had woken at night due to asthma; had had to use a reliever inhaler for symptom relief more than twice a week; had restricted their activities because of asthma.

And it was also calculated according to the Childhood-Asthma Control Test (C-ACT), where a score of 19 or less indicates poorly controlled asthma and a score of 20 or more indicates well controlled asthma.

Children were asked to assess their own asthma by choosing from: I only get it every now and then; not too bad; quite bad; or very bad. Similarly, parents were asked to describe their child's asthma, choosing from the descriptors or intermittent, mild, moderate, or severe.

Parents were also asked to describe their level of worry about their child's health at different time points and in different situations.

Asthma was well controlled in 358 out of 930 (38.5%) children (GINA score) and in 312 out of 714 (44%) children (C-ACT score).

One in 10 children (93) said they were bullied/teased as a result of their asthma, and this was evident across all ages and in all six countries. Around a third (34;37%) were aged between 8 and 10; 27 (29%) were aged between 11 and 13; and 32 (34%) were aged 14–15.

Asthma control was worse among those who said they had been bullied or teased because of their condition.

Children with well controlled asthma symptoms (GINA) were almost half (49%) as likely to report being a victim of asthma-related bullying/teasing as those whose symptoms were poorly controlled. And a C-ACT score of 20 or more, indicating good symptom control, was associated with a 54% [lower risk](#) of bullying.

Children who reported being bullied/teased because of their asthma were also 74% more likely to report activity restriction.

Asthma related bullying/teasing was three times more likely among those who described their asthma as 'quite' or 'very bad'.

Parental worry about their child's health was significantly associated with that child reporting bullying, but parental assessment of their child's asthma control wasn't significantly associated with a heightened risk of bullying/teasing.

"The cross-sectional nature of this study and the exclusion of children without asthma preclude causal inference," caution the researchers.

But they point out: "Bullying is a recognized but under-appreciated complication of asthma. [It] has important, measurable long-term consequences and yet children are hardly ever asked about peer relationships by health professionals.

"In order to identify bullying and bullying risk, clinicians must direct specific questions about asthma control and bullying/teasing to children themselves."

More information: Why are children with asthma bullied? A risk factor analysis, *Archives of Disease in Childhood* (2021). [DOI: 10.1136/archdischild-2021-321641](https://doi.org/10.1136/archdischild-2021-321641)

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