ing there were significantly fewer dispensings to adolescents (OR: 0.7; 95% CI: 0.6–0.9) and girls (OR: 0.8; 95% CI: 0.7–0.9).

Conclusions. There may be differences in the use of preventive asthma medication in children that are affected by age, sex, and health care organization. Few children with frequent symptoms are using controllers regularly, as is recommended by national guidelines.

Reviewers’ Comments. It has been a decade since the National Asthma Education and Prevention Program asthma management guidelines were first published in which the use of preventive medications were strongly encouraged and emphasized. This study reviews the dispensing of antiinflammatory medications in 3 diverse managed care settings and clearly demonstrates that those patients with a high requirement for β-agonists seemed to receive inadequate “controller” medication. Preschool-aged children in particular were less likely to be started on controller medications whereas adolescents were less likely to take the medications. New therapies recently approved specifically for preschool children, such as nebulized budesonide and oral montelukast, may result in greater prescribing of controller medications for this age group. Partnering with adolescents to manage their asthma and monitoring of β-agonist refills may help to increase adherence with controller medications in this age group. There was also a difference between the sexes with less use of controllers in girls compared with boys. Both physiologic and psychosocial differences may be factors and more research will be needed to clarify this. Although this study suffers with the inherent weaknesses associated with database analysis, it serves as a timely reminder of the importance of providing preventive medications for children with asthma.

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A COMPREHENSIVE INNER-CITY ASTHMA PROGRAM REDUCES HOSPITAL AND EMERGENCY ROOM UTILIZATION


Purpose of the Study. The purpose of this study was to evaluate the effect of a comprehensive care program for asthma on emergency department visits and hospital admission rates in an inner-city pediatric population.

Study Population. Three hundred asthma patients ages 2 to 17, who presented to an inner-city emergency department.

Methods. Patients were randomized to obtain asthma care in a specialty clinic or to continue to receive care by other health resources. The specialty clinic provided medical treatment, environmental control, education, close monitoring, and 24-hour availability. Monthly questionnaires on use of hospital facilities for asthma care were sent to the caregivers of the children. Retrospective data on the use of resources by study participants was analyzed using a hospital database.

Results. One hundred twenty-nine patients, 60 patients in the treatment group and 69 in the control group, met the inclusion criteria of returning 9 questionnaires during 1995 with at least 1 questionnaire being completed for each season. Demographics of the control and treatment groups were similar with the exception that 35% of the treatment group had severe asthma versus 16% in the control group (P < .05). During the first 12 months of the study, 32 patients from the treatment group visited the emergency department 73 times; in comparison, 46 patients in the control group visited the emergency department 269 times. The mean number of emergency department visits per patient per month was 0.101 ± 0.158 for the treatment group versus 0.326 ± 0.704 for the control group (P = .01). In both groups, 26% of the patients were hospitalized at least once. During a second study year, 53 patients from the treatment group continued to receive asthma care through the same center. 14 of these patients made 20 emergency room visits during the subsequent 12 months. Of the 66 patients in the control group who continued with the study, 23 patients visited the emergency room 56 times, 0.396 ± 0.716 visits per patient per years for the treatment group compared with 1 ± 2.155 for the control group (P < .03). In the second year, 26% of the treatment group patients visited the emergency room at least one, while 53% of the treatment group had visited during the first year (P < .07).

Conclusion. A comprehensive asthma care program is effective in reducing hospital utilization in the inner city.

Reviewers’ Comments. In this study, the investigators put together what appears to be a very effective comprehensive care program for inner-city asthmatics. Those patients who participated in the study appeared to benefit from the support and education. As we see again and again, preventive measures can significantly reduce emergency room and hospital utilization and this will lead to decreases in medical costs. The study also demonstrates the difficulties that are constantly encountered in intervention programs in the inner-city population. Although 300 patients enrolled, only 129 completed the study. Also, the high level of intervention is quite difficult for practitioners to achieve. Future studies should focus on techniques for improving patient compliance with intervention programs, as well as which interventions in a comprehensive intervention program are effective in reducing hospital utilization.

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CONTINUED INCREASE IN THE PREVALENCE OF ASTHMA AND ATOPY

Downs SH, Marks GB, Sporik R, Belosouva EG, Car NG, Peat JK. Arch Dis Child. 2001;84:20–23

Purpose of the Study. Asthma and allergy were reported by many studies to be on the rise in the early 1990s. Has this trend continued?

Study Population. A total of 1016 schoolchildren age 8 to 11 years in Wagga Wagga, Australia, studied in 1997 compared with 850 schoolchildren of the same ages studied in the same location in 1992.

Methods. A parental questionnaire was used to estimate asthma prevalence. Key questions asked to parents included “Has your child wheezed in the last 12 months?” and “Has your child ever been diagnosed as having asthma by a doctor or at a hospital?” Prick skin tests to common Aeroallergens were also performed. A child was considered atopic if they had 1 or more positive skin tests.

Results. See Table below:

<table>
<thead>
<tr>
<th></th>
<th>1992</th>
<th>1997</th>
<th>Percentage Increase (95% Confidence Interval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheezed</td>
<td>22.1</td>
<td>27.2</td>
<td>5.1 (1.2–9.0)</td>
</tr>
<tr>
<td>Diagnosed with asthma</td>
<td>30.5</td>
<td>38.6</td>
<td>8.1 (3.8–12.4)</td>
</tr>
<tr>
<td>Atopic</td>
<td>38.7</td>
<td>45.4</td>
<td>6.4 (2.2–11.2)</td>
</tr>
</tbody>
</table>

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A Comprehensive Inner-City Asthma Program Reduces Hospital and Emergency Room Utilization
Helen Skolnick

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Helen Skolnick
*Pediatrics* 2002;110;451

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