ASTHMA IN OLDER PATIENTS: FACTORS ASSOCIATED WITH HOSPITALIZATION


Purpose of the Study. Although older adults (≥65 years) with asthma have higher rates of hospitalization and death from asthma than younger adults, the reasons for this are not known. The purpose of this study was to determine if patterns of care were less favorable for older than younger adults with asthma and to assess whether patient characteristics such as symptom severity and comorbid illnesses explain the higher rate of hospitalization.

Study Population and Methods. This study was a prospective cohort study of 6590 adults with asthma in 15 managed care organizations in the United States. Participants completed a survey of demographics, symptoms, health status, comorbid illnesses, treatment, access to care, self-care knowledge, physician specialty, and health care use.

Results. Among 6590 adults with asthma, 554 (8%) were 65 years or older and 1942 (29%) were 18 to 34 years old. Older patients were more likely than younger patients to be men, white, non-Hispanic, and less educated. At baseline, older patients reported a greater frequency of asthma-related symptoms, such as daily cough (36% vs 22%; \( P < .001 \)) and wheezing (27% vs 22%; \( P < .002 \)). They were also more likely to report comorbid conditions, such as sinusitis (50% vs 38%), heartburn (35% vs 23%), chronic bronchitis (43% vs 16%), emphysema (19% vs 1%), congestive heart failure (8% vs 1%), and history of smoking (54% vs 34%; all \( P < .001 \)). Care appeared to be better for the older patients compared with the younger, including more frequent use of inhaled corticosteroids, greater self-management knowledge, and fewer reported barriers to care. In the follow-up year, older patients were approximately twice as likely to be hospitalized (14%) than were younger patients (7% \( P < .001 \)). In multivariate analysis, however, older age was not predictive of future hospitalization (odds ratio: 1.05; 95% confidence interval: 0.68–1.61), after adjustment for sex, ethnicity, education, baseline asthma symptoms, health status, comorbid illnesses, and tobacco use. Factors independently associated with hospitalization included being female, nonwhite, less educated, and less physically healthy, and more frequent asthma symptoms.

Conclusions. Although the older adults with asthma had greater respiratory symptoms and more comorbidity than their younger counterparts, chronicologic age was not an independent risk factor for hospitalization. Appropriate care for older adults with asthma should address asthma symptoms and other chronic conditions.

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ASTHMA IN ADVENTURE TRAVELERS: A PROSPECTIVE STUDY EVALUATING THE OCCURRENCE AND RISK FACTORS FOR ACUTE EXACERBATIONS


Purpose of the Study. Exacerbation of asthma during travel to remote regions may lead to devastating consequences. The course of asthma in travelers and the risk factors for disease exacerbation during travel have not been studied. The authors screened 5835 consecutive travelers and identified 203 patients with asthma. Before travel, all enrollees were assessed for presumed risk factors for asthma exacerbation by means of an interview and an exercise test combined with spirometry. After travel, data regarding travel characteristics and asthma severity were recorded by means of a structured telephone interview.

Results. The 203 enrollees visited 56 countries for a median duration of 13 weeks, 147 were engaged in high-altitude trekking, and 88 had asthma attacks. Among these, 40 reported worsening asthma during travel, 32 experienced the worst asthma attack ever, and 11 reported a life-threatening asthma attack. Two independent risk factors for attacks during travel were identified: frequent use (≥3 times weekly) of inhaled bronchodilators before travel (relative risk [RR]: 3.35; 95% confidence interval [CI]: 1.75–6.39) and participation in intensive physical exertion during treks (RR: 2.04; 95% CI: 1.04–3.98). When both risk factors were present, the RR for asthma attacks increased to 5.52 (95% CI: 2.81–10.84).

Conclusions. Asthma frequently worsens during travel and should not be ignored as a potentially life-threatening condition requiring pretravel consideration. Asthmatic
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*Pediatrics* 2003;112;477

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Pediatrics 2003;112;477

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