tional QOL. It may be difficult to determine where the process begins in an individual child, but it may well result in a vicious cycle. The clinician should utilize not only appropriate medications for treatment of asthma but also asthma education and psychological assessment and referrals when indicated.

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ASTHMA DEATHS DURING SPORTS: REPORT OF A 7-YEAR EXPERIENCE


Purpose of the Study. To characterize fatal asthma that occurs while participating in sports activities.

Study Population. Potential subjects with asthma who died while participating in sports activities from 1993-2000 were identified by using a nationwide information service that reviews ~10 000 newspapers.

Methods. For each potential qualifying subject, autopsy results and family interviews were sought. To be included in the study, the subject had to be participating in physical activity at the time of asthma-symptom onset and appear well beforehand, and the medical examiner had to have concluded that the subject died of asthma.

Results. There were 263 potential asthma-related deaths identified, but only 61 met the criteria. Of these, 81% were subjects <21 years of age, and only 3% were >31 years of age. Sixty-nine percent of the subjects were male; 91% had a known history of asthma. There were 35 competitive and 26 recreational athletes. Only 51% of competitive athletes had their fatal event during participation in their organized sport, with 78% of these occurring during practice situations and the rest during active competition. Basketball was the most common activity at time of death (21%) in both competitive and recreational groups, compared with track/running (11%), gym class (10%), football and recreational play (each 8%), and other (42%). Only 5% of the subjects had been using asthma-controller therapy, although the medication status of 18% of the subjects could not be determined. No mention was made of the use of an inhaled β2-agonist before exercise.

Conclusions. Sudden fatal asthma exacerbations occur in both competitive and recreational athletes and can be precipitated by sporting activity. Subjects who had fatal asthma attacks during exercise were usually white males between 10 and 20 years of age. Few had evidence of histories of persistent asthma, based on medication use. Extra care is needed to identify the athlete with asthma and ensure that such individuals receive proper evaluation, treatment, and monitoring. If asthma were reportable as a potential episode of EIB, it demonstrates that children with asthma who participate in organized sports may be unprepared for a possible asthma exacerbation. It is unfortunate that this study did not go further and explore asthma severity or the reasons why the families did not have a short-acting, inhaled β2-agonist available. I presume that, in this primarily middle-class/upper-middle-class community, there were no financial barriers to obtaining the medication or medical care. As physicians we need to emphasize to patients that exercise is a primary trigger of asthma and that patients should have their inhalers available when they participate in sporting events.

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INFLUENZA VACCINATION IN CHILDREN WITH ASTHMA: RANDOMIZED DOUBLE-BLIND PLACEBO-CONTROLLED TRIAL


Purpose of the Study. To investigate if influenza vaccination in children with asthma prevents asthma exacerbations provoked by influenza infection.
Asthma Deaths During Sports: Report of a 7-Year Experience
Timothy Andrews and James R. Banks
Pediatrics 2005;116;562
DOI: 10.1542/peds.2005-0698

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