STUDY POPULATION. Children (aged 6–15 years) with asthma and >1 asthma-related encounter with a general practitioner (GP) during a 12-month follow-up period were included from the United Kingdom medical plus general-practice database, including 2 million office patient visits per year to >500 GPs.

METHODS. This was a population-based historical cohort investigation. Asthma and allergic rhinitis were determined by diagnosis codes and drug codes for appropriate medications.

RESULTS. Of 9522 children with asthma, 1879 (19.7%) had allergic rhinitis recorded in the GP medical charts. Compared with children with asthma alone, children with comorbid allergic rhinitis experienced more GP visits (4.4 vs 3.4) and more of them were hospitalized for asthma (1.4% vs 0.5%) during the 12-month follow-up period. In multivariable regression analyses, comorbid allergic rhinitis was an independent predictor of hospitalization for asthma (odds ratio: 2.34; 95% confidence interval [CI]: 1.41–3.91) and was associated with increases in the number of asthma-related GP visits (mean increase: 0.53; 95% CI: 0.52–0.54) and asthma drug costs (mean increase [British pounds]: £6.7; 95% CI: £6.5–£7.0). The association between allergic rhinitis and higher costs of prescriptions for asthma drugs was independent of asthma severity, measured indirectly by the intensity of use of asthma drugs.

CONCLUSIONS. Children with comorbid allergic rhinitis incurred greater prescription drug costs and experienced more physician visits and hospitalizations for asthma than did children with asthma alone. A unified treatment strategy for asthma and allergic rhinitis, as recommended by the Allergic Rhinitis and Its Impact on Asthma initiative, might reduce the costs of treating these conditions.

REVIEWER COMMENTS. This is a useful study emphasizing the importance of allergic rhinitis in asthma care.

Christopher Randolph, MD
Waterbury, CT

Racial and Ethnic Differences in Asthma Diagnosis Among Children Who Wheeze

PURPOSE OF THE STUDY. To determine if racial and ethnic differences in documented pediatric asthma prevalence relate to true prevalence differences or a different probability of receiving the diagnosis.

STUDY POPULATION. The study population was 3- to 17-year-old children of non-Hispanic white, non-Hispanic black, Puerto Rican, and Mexican ethnicity taken from a con-
Environmental Tobacco Smoke in a Pediatric Primary Care Setting


STUDY POPULATION. A total of 291 healthy children aged 2 weeks to 3 years. These children were recruited from a primary care center that provides care to a low-income population. Exclusion criteria included history of birth at <36 weeks’ gestation, asthma, other chronic pulmonary disease, or cardiac disease.

METHODS. The primary caregivers of the children in the study filled out a questionnaire that included items on demographics, smoking status of individuals living in the children’s homes, number of cigarettes smoked per day, and the locations in which individuals smoked. Primary caregivers also gave samples of their own and their children’s hair for measurement of levels of cotinine.

RESULTS. A total of 7 subjects (2%) had hair cotinine levels of <0.01 ng/mg. 99 subjects (34%) had levels of <0.3 mg/mg, 68 (23%) had midrange levels of 0.3–0.7 mg/mg, and 124 (43%) had levels of >0.7 mg/mg. Factors associated with higher cotinine levels included maternal smoking, the presence of other smokers in the home, and where persons other than the mothers smoke (ie, in the home or outside the home). Interestingly, the reported location of mothers’ smoking (indoors versus outdoors) was not associated with cotinine levels in the hair. The investigators used this information to create a model questionnaire to predict ETS exposure. Three questions were selected: does the mother smoke, do others in the home smoke, do others who smoke remain inside the home or go outside. Using this model, children of mothers who smoke and are also exposed to others who smoke inside the home have an 81% chance of having high exposure to ETS. In contrast, children of mothers who do not smoke and are not exposed to others who smoke have a 64% chance of low exposure to ETS.

CONCLUSIONS. It was possible to derive a simple and valid screening tool to identify children at risk for ETS exposure, but this tool still needs to be tested prospectively.

REVIEWER COMMENTS. We all struggle with our patients’ exposure to ETS in the home. Part of the struggle has to do with obtaining accurate information about exposures. The screening tool described in this study needs to be tested prospectively, but it may prove to be highly useful. Of interest is the finding that it did not matter, in terms of levels of cotinine in children’s hair, whether their mothers smoked indoors or reported that they limited themselves to outdoor smoking. We may speculate that this finding has to do with inaccurate reporting (shame about smoking indoors) or to the large amount of particulate residue that remains on smokers after they smoke.

Christopher Randolph, MD
Waterbury, CT

Screening for Children’s Exposure to Environmental Tobacco Smoke in a Pediatric Primary Care Setting


PURPOSE OF THE STUDY. To develop a brief screening tool to accurately predict environmental tobacco smoke (ETS) exposure.

URL: www.pediatrics.org/cgi/doi/10.1542/peds.2006-0900OOO

Brian A. Smart, MD
Glen Ellyn, IL
Racial and Ethnic Differences in Asthma Diagnosis Among Children Who Wheeze
Christopher Randolph
Pediatrics 2006;118;S39
DOI: 10.1542/peds.2006-0900

Updated Information & Services
including high resolution figures, can be found at:
/content/118/Supplement_1/S39.1

References
This article cites 1 articles, 1 of which can be accessed free at:
/content/118/Supplement_1/S39.1#ref-list-1

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
/site/misc/Permissions.xhtml

Reprints
Information about ordering reprints can be found online:
/site/misc/reprints.xhtml
Racial and Ethnic Differences in Asthma Diagnosis Among Children Who Wheeze

Christopher Randolph

Pediatrics 2006;118:S39

DOI: 10.1542/peds.2006-0900NNN

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/118/Supplement_1/S39.1