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 receiving the diagnosis. 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. Parents of asthmatic children seen in a tertiary care pediatric allergy and immunology clinic.

METHODS. Caregivers completed the Visual-Aural-Read/Write-Kinesthetic (VARK) questionnaire anonymously, and the responses were evaluated on the basis of previously validated scoring instructions.

RESULTS. Analysis of 98 respondents showed that 42% had a single learning-modality preference, and the remaining 58% were multimodal learners. Of those who reported a single mode of learning, 61% preferred kinesthetic, 27% preferred reading/writing, and <1% each preferred aural or visual stimuli. Of all 98 caregivers, 82% included kinesthetic as a learning preference, 59% included reading/writing, 50% included aural stimuli, and 41% included visual stimuli.

CONCLUSIONS. The majority of caregivers preferred the kinesthetic learning method, whether as a single learning preference or in combination with other approaches. Incorporating kinesthetic methods of learning, such as role playing and problem-solving case scenarios, into standardized asthma education curricula may be beneficial to patients and families in terms of understanding and using their regimen.

REVIEWER COMMENTS. This is a novel study that attempted to improve asthma care by identifying the learning preferences of the caretakers of asthmatic children. Asthma regimens can be complex, and simplification and understanding of these regimens can improve overall adherence. Individual caretakers demonstrate multiple modes of learning preference, and the current educational modules should focus on role playing and other visual modalities to enhance the understanding of the caretakers’ asthma knowledge. Streamlining and improving these educational methods could result in significant improvement in medication adherence, symptom recognition, and appropriate utilization of medical care.

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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-
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