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 impact of allergic rhinitis on asthma, with implications for better therapeutic approaches. The study may have actually underestimated the impact of allergic rhinitis, because the data are retrospective and diagnosed allergic rhinitis was estimated at only 19.7%, compared with rates as high as 50% among children with asthma in other studies.

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

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-

Learning Preferences of Caregivers of Asthmatic Children

PURPOSE OF THE STUDY. To determine the learning styles of the caregivers of asthmatic children seen in a pediatric allergy and immunology clinic.
Learning Preferences of Caregivers of Asthmatic Children
Harvey L. Leo
Pediatrics 2006;118;S39
DOI: 10.1542/peds.2006-0900 MMM

Updated Information & Services
including high resolution figures, can be found at:
/content/118/Supplement_1/S39.2

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
Learning Preferences of Caregivers of Asthmatic Children
Harvey L. Leo

Pediatrics 2006;118;S39
DOI: 10.1542/peds.2006-0900MMM

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/118/Supplement_1/S39.2