Parenting Asthmatic Children: Identification of Parenting Challenges

**PURPOSE OF THE STUDY.** To identify the child behavior and asthma management tasks that parents report as being difficult to manage.

**STUDY POPULATION.** Cross-sectional cohort of 255 parents of children with asthma 2 to 10 years of age.

**METHODS.** Parents completed 5 online multidimensional questionnaires, that is, (1) Family Background Questionnaire, to assess family demographic features and socioeconomic status; (2) Strengths and Difficulties Questionnaire (SDQ), to identify children’s emotional and behavioral problems; (3) Parenting Scale, a 30-item questionnaire to measure dysfunctional discipline styles such as laxness, overreactivity, and verbosity; (4) Asthma Behavior Checklist (ABC), an instrument developed specifically for the study to assess 22 behaviors that parents with children with asthma often manage (eg, child refuses to take medication to school); and (5) Asthma Parent Tasks Checklist (APTC), an instrument designed for the current study to assess 17 asthma management tasks that parents often manage (eg, identifying child’s asthma triggers). Statistical analysis was performed by using 1-way analysis of variance.

**RESULTS.** On the basis of published cutoff values for SDQ-assessed total difficulties, parents rated their children as follows: 20.9% in the clinical range, 13.7% in the borderline range, and 65.5% in the normal range. Children with scores in the abnormal range on the SDQ had higher ABC extent scores than did children with scores in the normal range. Results for parenting and asthma behavior difficulties indicated low levels of dysfunctional parenting; however, a substantial minority (22.7%) of parents were rated in the clinical range. Parents whose total Parenting Scale scores placed them in the clinical range reported more asthma behavior difficulties, compared with those who scored in the nonclinical range.

**CONCLUSIONS.** An appropriate parenting intervention program needs to target behavior management skills, in addition to the application of these behavior management principles to asthma management. The ABC and APTC could be used in addition to parental asthma education to facilitate discussions with parents regarding the management of their child’s asthma and to allow health care professionals and parents to focus together on specific action plans. The ABC and APTC also could be used to evaluate the impact of implemented interventions.

**REVIEWERS’ COMMENTS.** Appropriate parenting interventions targeting basic behavior and asthma management skills and supplying tools for applying these behavior management principles are ideal. The authors recognize the concern of parents in entrusting their children’s schools and other caregivers, and research focused in this direction may provide increased confidence for parents and overall improvement in the quality of life for children with asthma.

Patterns of Asthma Control Perception in Adolescents: Associations With Psychosocial Functioning

**PURPOSE OF THE STUDY.** To identify and to describe the patterns of asthma control perception in relation to actual symptom reports in adolescents and to compare the group with accurate control perception with the group with inaccurate perception.

**STUDY POPULATION.** A group of 126 adolescents with asthma, 13 to 20 years of age, were interviewed prospectively.

**METHODS.** Patterns of control perception were constructed on the basis of participants’ ratings of their perceptions of asthma control and self-reported asthma symptoms by using latent class analysis. Analyses of variance and multinomial logistic regressions were computed for group comparisons.

**RESULTS.** Participants were classified into 4 groups according to the patterns of control perception. Accurate groups included those whose asthma was well controlled (62%) or poorly controlled (7%), and inaccurate groups included those with nighttime symptoms (25%) or daytime symptoms (6%). Minority participants (*P < .001*) and those with low socioeconomic status (*P < .001*) were more likely to be represented in the inaccurate group than were their counterparts. The well-controlled accurate group consistently reported higher levels of asthma-related knowledge (*P = .02*), more-positive attitudes toward asthma (*P < .001*), fewer barriers to self-management (*P = .04*), and higher quality of life (*P < .001*) than did the inaccurate group.

**CONCLUSIONS.** This study demonstrated that accuracy of asthma control perception could be classified into 4 categories on the basis of patterns of various asthma symptoms. Adolescents’ tendency toward underperception was evident. The inaccurate groups are at greater risk for psychosocial impairments. This study underscores the importance of an intervention that improves the accuracy of asthma control perception in adolescents while
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