a diagnosis of asthma from a physician, problems breathing in the last year, and current asthma medication use.

METHODS. Caregivers completed the Asthma Functional Severity Scale questionnaire to assess missed sleep. Limitation of activity and/or sports, along with school absence and emergency department visits over the previous year were also investigated as indicators of asthma morbidity on the Asthma Functional Severity Scale. The Pediatric Asthma Quality of Life (QoL) Questionnaire was also completed by the caregiver to assess the QoL of the caregivers. Another measure of emotions, the Behavioral Assessment System for Children, second edition, was also completed to assess anxiety. Further information regarding ethnicity was obtained.

RESULTS. Higher poverty levels had higher limitation of activity, more missed sleep, and lower QoL among caregivers. Overall, higher amount of missed sleep was significantly associated with school absence, more frequent emergency department use, sports and activity limitation, as well as lower QoL among caregivers. Latino children with more frequent reports of missed sleep did have significantly more limitation of activity and lower QoL among caregivers. Missed sleep and activity limitation were more strongly associated in children with high anxiety.

CONCLUSIONS. Missed sleep in children from urban neighborhoods, especially among Latino children, may be important in contributing to asthma morbidity in these patients. The authors suggest assessment of sleep may aid in the identification of children with increased asthma morbidity. The recommendation is for further studies to look at the effects of frequent sleep disruption due to asthma in children.

REVIEWER COMMENTS. This study brings several important topics that should be addressed during our visits with families with asthmatic children. The importance of sleep and the negative impact of missed sleep are highlighted. The study also reminds us that anxiety may be an exacerbating factor in our asthmatic patients. In the same way that behavioral assessments are part of the routine pediatric care of children, they may improve the overall care of our asthmatic patients.

Follow-Up Care After an Emergency Department Visit for Asthma and Subsequent Healthcare Utilization in a Universal-Access Healthcare System


PURPOSE OF THE STUDY. To describe the follow-up care for asthmatic patients within 28 days of an emergency department (ED) visit and its association with ED revisits and hospital admissions in the subsequent year.

STUDY POPULATION. In this study, 29391 children with asthma between the ages of 2 and 17 treated in an ED in Ontario, Canada, between April 16, 2006, and February 28, 2009, had their chart reviewed in a population-based retrospective cohort study. Multiple linked health administrative data sets available through the Institute for Clinical Evaluative Sciences were used to gather data.

METHODS. Data were collected by using the National Ambulatory Care Reporting System, Canadian Institute for Health Information Discharge Abstract Database, and Ontario Health Insurance Plan claims database to identify ED visits, hospital admissions, and outpatient visits, respectively. Only children with preexisting asthma were chosen for the study. The primary and secondary outcomes were the number of children having an ED visit and those having a hospital admission for asthma within 29 to 365 days, respectively. Statistical analysis was done by using SAS (SAS Institute, Inc, Cary, NC) for UNIX.

RESULTS. Of the 29391 children, 32.8% had a follow-up, 22.1% had an ED revisit, and 2.7% had a hospital admission. Having a follow-up visit was not found to be associated with ED revisit or hospitalizations (hazard ratio, 0.98; 95% confidence interval, 0.93–1.03 and hazard ratio, 1.06; 95% confidence interval, 0.92–1.23, respectively). Younger children, those who were in the lower income quintile, and those with more severe acute or chronic asthma at the time of ED visits were more likely to have ED revisits and hospitalizations. Other characteristics such as number of visits and type of physician providing care were not associated with outcomes.

CONCLUSIONS. Follow-up care was not accessed after an ED visit for asthmatic patients even in a universal health care setting. Those that did have follow-up had no association with reduced ED revisits and hospitalizations in the subsequent year.

REVIEWER COMMENTS. This study highlights the discrepancy between the factors we usually think are associated with good follow-up care for asthmatic patients presenting to the ED and what actually happens. Even with universal health care and accessibility, poor follow-up outcomes can still occur, thus it is important to work toward identifying other factors that have a greater impact on follow-up, ED revisits, and hospitalizations. Ultimately identifying these factors can help us to better manage and control our asthmatic patients.
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