

monitor and respond to risk-taking behaviors in this age group.

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Transition to Adulthood: Delays and Unmet Needs Among Adolescents and Young Adults With Asthma

Scal P, Davern M, Ireland M, Park K. *J Pediatr*. 2008; 152(4):471–475

PURPOSE OF THE STUDY. To examine the effect of the transition to adulthood on financial and nonfinancial barriers to care in youths with asthma.

STUDY POPULATION. Studied were adolescents and young adults with asthma. Public-use data from the National Health Interview Survey conducted by the National Center for Health Statistics were analyzed. Data from the years 2000–2005 were pooled to provide a sample of 26 597 adolescents (12–17 years) and 19 998 young adults (18–24 years).

METHODS. Subjects were classified as having delayed care because of financial barriers when during the previous 12 months they had delayed seeking medical care because of concerns about affordability. Similarly, an unmet need because of a financial barrier was identified when during the previous 12 months the respondents indicated that they had failed to receive needed medical care or prescription medication because they could not afford it.

RESULTS. More young adults than adolescents encountered financial barriers that resulted in delays (18.6% vs 8%; $P < .05$) and unmet needs (26.6% vs 11.4%; $P < .05$). Delays caused by nonfinancial barriers were similar (17.3% vs 14.9%; P was not significant).

CONCLUSIONS. Delays and unmet needs caused by financial reasons were significantly higher for young adults with asthma compared with adolescents with asthma.

REVIEWER COMMENTS. It is crucial for everyone who treats children with asthma to recognize the potential vulnerability of these patients as they transition to adulthood. Appropriate counseling and written materials regarding health insurance might be helpful, as might providing lists of resources for free or reduced-cost care that are available in the local community.

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MEDICAL THERAPIES

A Multicenter, Randomized, Controlled Trial of Dexamethasone for Bronchiolitis

Corneli HM, Zorc JJ, Majahan P, et al. *N Engl J Med*. 2007;357(4):331–339

PURPOSE OF THE STUDY. To evaluate the efficacy of a single dose of oral dexamethasone (1 mg/kg) compared with placebo in the treatment of acute bronchiolitis.

STUDY POPULATION. A total of 600 children (aged 2–12 months) with a first episode of wheezing diagnosed in the emergency department as moderate-to-severe bronchiolitis were included.

METHODS. Patients were enrolled at 20 emergency departments during the months of November through April over a 3-year period. The primary outcome was respiratory assessment and score change during the first 4 hours. Later outcomes evaluated included length of hospital stay, medical visits, and adverse events.

RESULTS. Baseline characteristics were similar for both groups. The admission rate was 39.7% for children assigned to dexamethasone compared with 41% for those assigned to placebo. Both groups had improvement during the observation period with similar mean changes in respiratory assessment score. For the patients admitted to the hospital, there was no difference in mean hospital stay (2.55 vs 2.27 days), subsequent hospital admissions, or adverse events.

CONCLUSIONS. Single-dose dexamethasone did not prevent hospital admission for bronchiolitis.

REVIEWER COMMENTS. This study finally allows for a definitive statement that no significant benefit can be seen with the use of corticosteroid for first episodes of wheezing. It should be noted that bronchodilator treatment was not regulated but seemed not to affect outcomes because treatment was equally distributed between the groups. This continues to strengthen the notion that supportive therapy with good hydration and preventing hypoxia are the most important interventions for a first episode of bronchiolitis.

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Anti-inflammatory Effects of High-Dose Inhaled Fluticasone Versus Oral Prednisone in Asthma Exacerbations

Belda J, Margarit G, Martinez C, et al. *Eur Respir J*. 2007;30(6):1143–1149

PURPOSE OF THE STUDY. There have been reports that parental corticosteroids have no bronchodilator effect within

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