

[95% CI: 1.01–9.12]) at 10 years of age. Participants who had sleep problems but did not have eczema had statistically significant increased rates of hyperactivity/inattentiveness (OR: 3.09 [95% CI: 1.00–9.55]).

CONCLUSIONS. Infant eczema, if associated with concurrent sleeping problems caused by pruritus, seems to be a risk factor for the development of certain mental health problems.

REVIEWER COMMENTS. The impact of infant eczema and sleep on future mental health problems had not previously been studied in a prospective design. These results are consistent with those from previous cross-sectional and retrospective studies in which infant eczema and mental health problems were linked, and the results are also in concordance with those of previous studies that revealed early childhood sleep problems as a predictor of future anxiety, conduct, and hyperactivity problems. The mechanisms that connected eczema with mental health problems are currently unknown. The authors make an intriguing suggestion that sustained pro-inflammatory cytokine exposure might have an effect on brain development; however, other biopsychosocial possibilities should be examined, including socioeconomic factors and stigmatization by peer groups for children with eczema that could explain the associations revealed in this study.

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ALLERGIC RHINITIS

Does Allergic Rhinitis Exist in Infancy? Findings From the PARIS Birth Cohort

Herr M, Clarisee B, Nikasinovic L, et al. *Allergy*. 2011;66(2):214–221

PURPOSE OF THE STUDY. To examine the relationship of allergic rhinitis (AR)-like symptoms and atopy in infants aged 18 months or younger.

STUDY POPULATION. The study used data from the PARIS (Pollution and Asthma Risk: An Infant Study) birth cohort, which includes healthy, term, singletons born in one of a select group of hospitals in Paris, France. A free 18-month health screening examination was offered to the 3436 children who remained in the study at 1 year of age (82.3% of the original cohort).

METHODS. A standardized questionnaire was administered by a pediatrician to assess for AR-like symptoms, specifically the occurrence of runny nose, sneezing, or nasal blockage, within the previous 12 months not associated with a viral infection. Blood eosinophil counts, total

immunoglobulin E (IgE), and allergen-specific IgE were measured.

RESULTS. Included in the analysis were 1850 children who had data regarding AR-like symptoms and measurements of at least 1 biological marker from the 18-month visit. There was a 9.1% prevalence of AR-like symptoms in the population. There was no difference in eosinophil counts or total IgE between infants with AR-like symptoms and those without them; however, eosinophilia (defined as >470 eosinophils per μL) and sensitization to inhalant allergens, particularly dust mite, was significantly associated with AR-like symptoms. No such relationship was seen for food-allergen sensitization. Parental history of AR was a predictor of increased risk of AR-like symptoms, but parental history of asthma or eczema was not a predictor.

CONCLUSIONS. These findings suggest that AR might begin in infancy, as early as 18 months of age, and AR-like symptoms are associated with biological markers of atopic disease and parental history of AR.

REVIEWER COMMENTS. Results of previous studies have suggested an association between chronic inflammation from AR and medical complications including irreversible damage to the nasal mucosa in patient groups including children. Identification of AR markers in infancy might help to identify patients at increased risk for these complications as well as the development of asthma and other atopic disease. Findings also suggest that implementation of targeted medical therapy and environmental interventions for allergic disease might be reasonable approaches for managing nasal symptoms in infancy for those at risk. In addition, early testing might provide an opportunity for anticipatory guidance to parents as their child travels the atopic march.

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Is Physician-Diagnosed Allergic Rhinitis a Risk Factor for the Development of Asthma?

van den Nieuwenhof L, Schermer T, Bosch Y, et al. *Allergy*. 2010;65(8):1049–1055

PURPOSE OF THE STUDY. To define the prospective risk of asthma in patients diagnosed with allergic rhinitis (AR) in a primary care population. The association between these 2 diseases has been shown previously in smaller groups and in cross-sectional studies.

STUDY POPULATION. This study used a database that tracks >35 500 patients from 4 primary care practices in the Netherlands. The AR group consisted of all patients

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