

HOW ARE ASTHMATIC CHILDREN DOING?

Follow-up and outcomes of a cohort seen in specialist clinics after four years

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INTRODUCTION

- Asthma is a syndrome that appears early in childhood and follows a variable clinical course during the first years of life.
- Phenotypes with different outcomes and response to treatment are known. Follow-up is needed to adjust treatment and achieve control, especially in persistent or severe cases.

AIM

- To describe characteristics and evolution of a cohort of asthmatic children seen in specialist clinics.

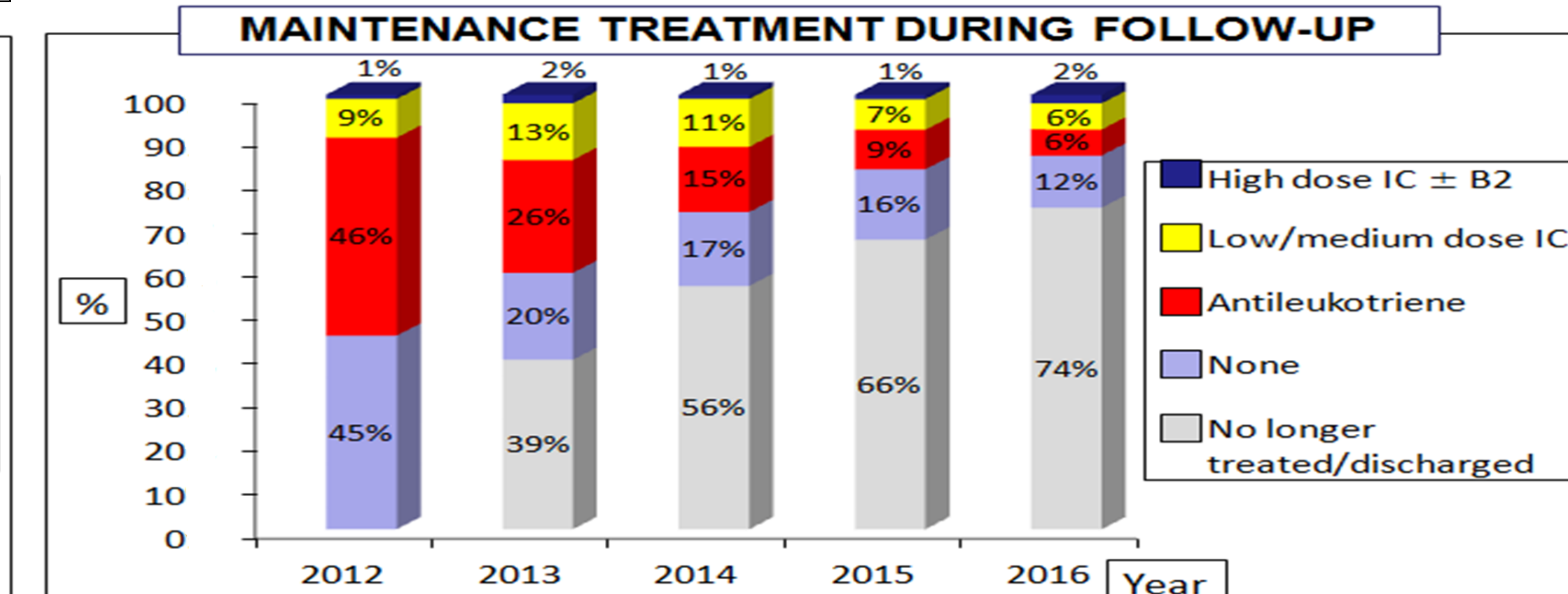
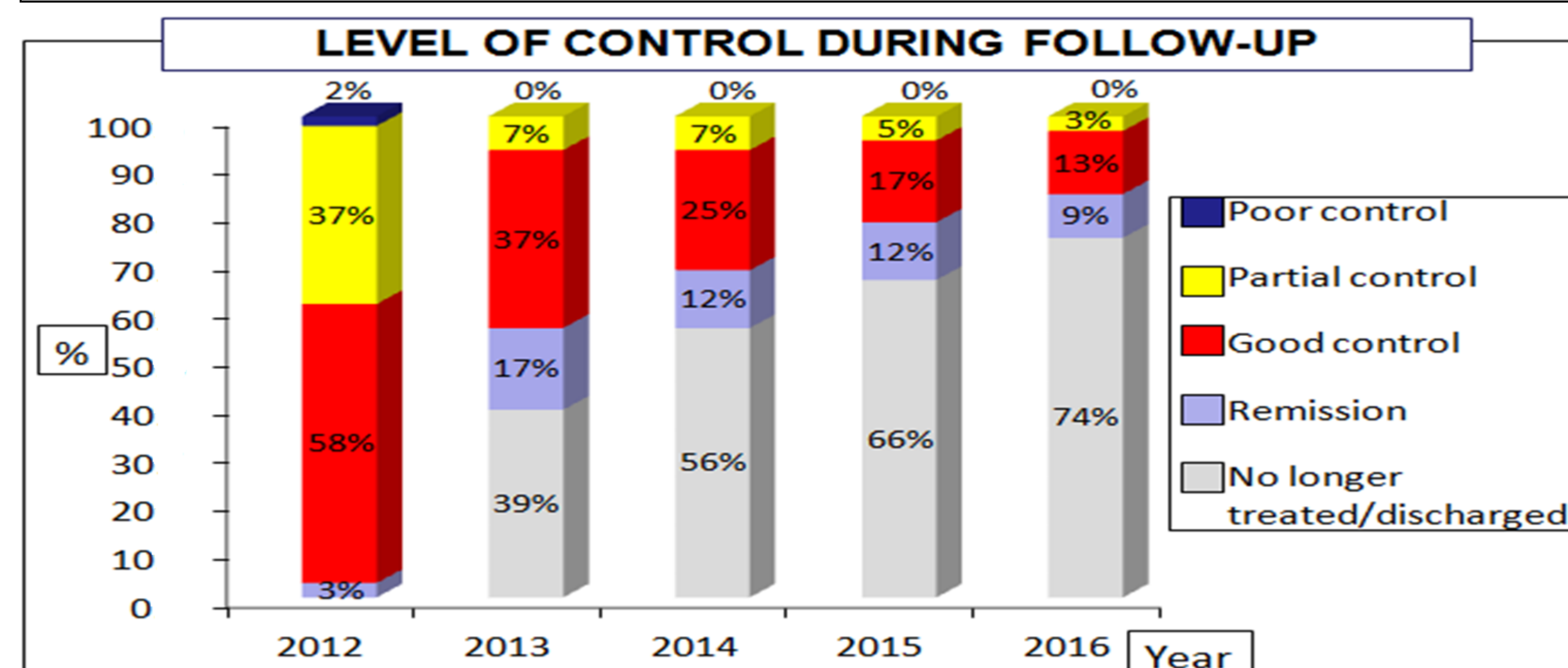
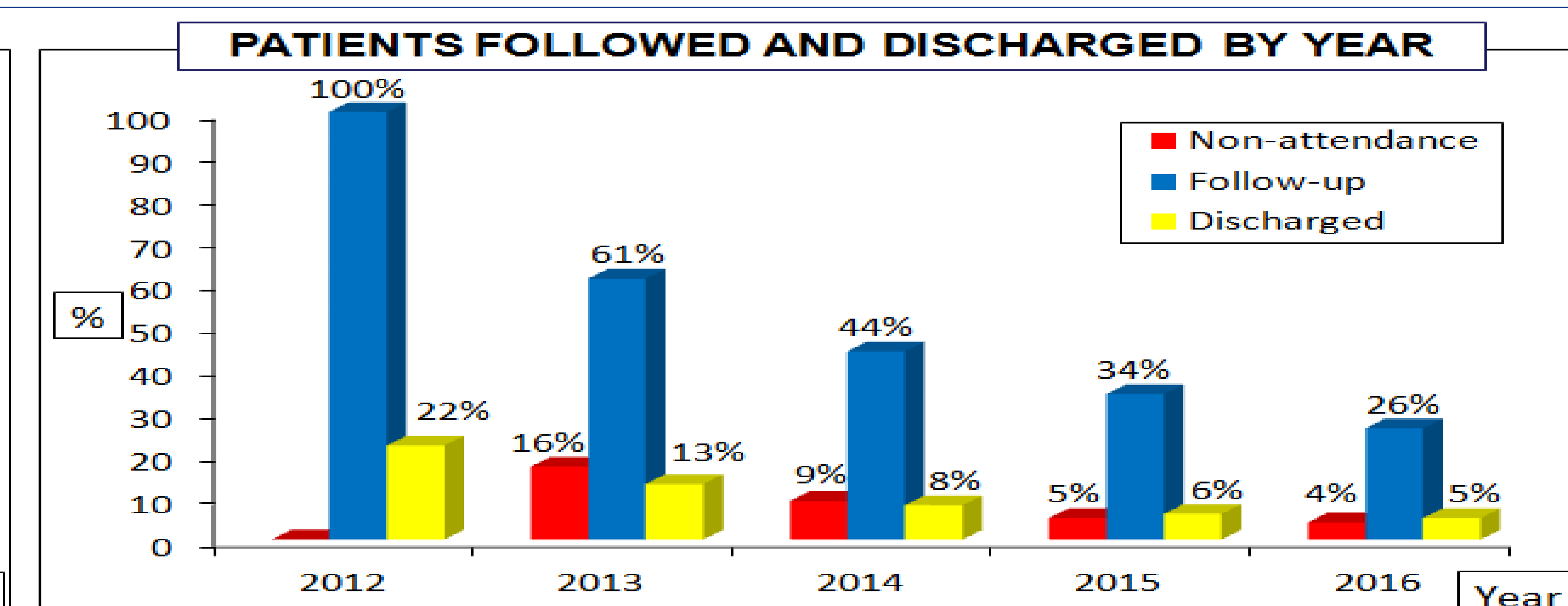
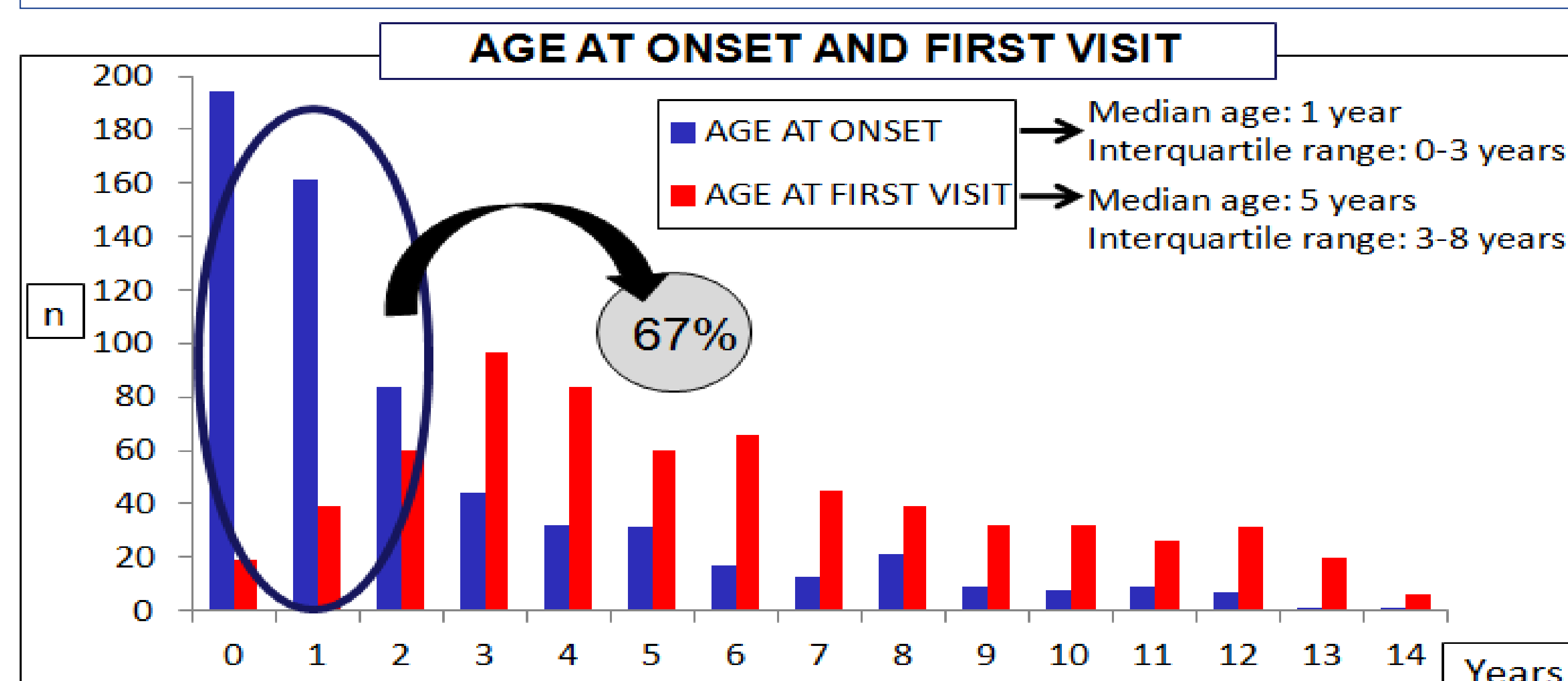
MATERIAL & METHODS

- Retrospective review of clinical records of all patients first seen with asthma in 2012 within 5 hospitals. Clinical characteristics, number of visits, treatment and level of control over the following 4 years were retrieved and recorded. Data were analyzed using SPSS 17.0 software.



RESULTS

- 656 patients were included. 62% male. 72% were considered atopic: 65% aeroallergen sensitization, 47% allergic rhinitis, 24% atopic dermatitis, 14% food allergy. Immunotherapy was prescribed to 21% of patients.



- **“DIFFICULT” ASTHMA:** 112 patients (17%), defined by: 1. The need for multiple visits, 2. High dose IC (\pm B2), or 3. Partial or poor control of their asthma. They were more commonly atopic (84 vs. 70%, $p=0.003$), treated with immunotherapy (54 vs. 15%, $p<0.001$) and followed over the 4-year period (75 vs. 16%, $p<0.001$). 2 patients were treated with omalizumab.

SUMMARY / CONCLUSION

- Most of our patients' symptoms began during the first years of life, the cohort improved with age and patients stopped being seen by a specialist. But 26% of patients needed continuous specialised follow-up and 17% had “difficult” asthma (more frequently in atopic patients), although poorly controlled asthma was very uncommon.

