

Correspondence

Reply

To the Editor:

Following on our publication on sex differences in asthma during the first 8 years of life in the PIAMA (Prevention and Incidence of Asthma and Mite Allergy) birth cohort,¹ Kawada² presents results on the prevalence of wheeze in 0- to 3-year-old Japanese boys and girls.

Kawada states that he presents his results in order to compare them with our findings. We thank Kawada for sharing his observation that in Japan wheeze is also more common in young boys than in young girls. We think, however, that there are important differences between the 2 studies, which hamper a meaningful comparison.

In the first place, the Japanese study was cross-sectional and the definition of wheeze was based on responses to questions on the presence of symptoms “ever,” which means that the prevalence of this outcome can only increase with age. In our study, “wheeze in the last 12 months” was investigated as an outcome variable annually and the prevalence of wheeze defined in this way decreases with age.

Second, and more important, Kawada seems to have overlooked in his comparison a crucial element in our analyses: that is, the distinction between “transient wheeze” and “asthmatic wheeze.” It is well established that in young children the prevalence of wheeze is higher in boys than in girls. Because of the difficulties in diagnosing asthma at early ages, it is not clear however when in early childhood sex differences in asthma come into play. We investigated sex differences in the incidence and prevalence at ages 1 to 7 years, specifically for “asthmatic wheeze,” defined as wheeze at ages 1, 2, 3, 4, 5, 6, or 7 years in combination with asthma at age 8 years. We observed that the prevalence of asthmatic wheeze was significantly higher in boys than in girls already at the age of 1 year and that this higher prevalence persisted during the first 7 years of life. The observed sex differences were larger for asthmatic wheeze than for total wheeze, suggesting that sex differences are stronger for asthma

than for transient symptoms. We think that precisely these observations on sex differences in early asthma are an important addition of our study to what is already known on sex differences in early wheeze.

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