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The PAT study's methods, asthma classification, and results are questionable

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To the Editor:

The study by Möller et al¹ raises an interesting topic but regrettably falls short of methodologic perfection. It applies nonexclusive criteria for asthma development, and the issue remains obscure because of uneven results from the different centers. Furthermore, the objective measures, such as peak flow, are similar in the 2 groups, which throws doubt on any differences in asthma development.

This was an open control study, but possible bias is neither commented on nor discussed. Description of selection, screening, and randomization criteria is sparse. Moreover, 20% of those in the test population were diagnosed as asthmatic at the study launch, but we are left to speculate on their role in this study of asthma development. Nor do we learn why 15 of the participants dropped out. The real study population would seem to be 151 rather than 205.

The central claim made by Möller et al, who refer to Linna et al,² is that childhood rhinitis develops into asthma. In the 10-year study conducted by Linna et al, 20% of rhinitic children

referred to a pediatric clinic developed asthma, but symptoms eased in 60% of these. In the face of this stands the claim by Möller et al that 44% of untreated rhinitic children developed asthma in just 3 years. The article curiously ignores this remarkable difference, which could be explained by differences in the diagnostic criteria used.

The criterion of Möller et al was recurrence of 2 of 3 *symptoms* (cough, wheeze, or shortness of breath) within a 12-month period—a definitional broadness that contrasts with the traditional narrower criterion of repeated *episodes* of these symptoms.³ Objective findings, such as peak-flow variations and medication, were not included in the evaluation of asthma development in this study.

The uneven results in the 6 test centers indicate the nonselective nature of the applied asthma criteria. The outcome for 3 of the 6 centers (centers 1, 2, and 3) showed an odds ratio of <1 (0.59) for the hypothesis that specific immunotherapy can prevent asthma development.

The study conclusion that specific immunotherapy reduces the development of asthma in children with seasonal rhinoconjunctivitis does not seem convincing, and the introduction of specific immunotherapy into clinical practice therefore cannot be recommended on the basis of this study.

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CROSSREF

ABSTRACT

FULL TEXT

2. Linna O, Kokkonen J, Lukin M. A 10-year prognosis for childhood allergic rhinitis. *Acta Paediatr* 1992;81:100-2.

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