

Correspondence

Reply

To the Editor:

We thank Burge et al¹ for their relevant commentary on our recently published article.² They introduce an interesting hypothesis about the possible influence of occupational exposure on the rapid increase in asthma severity in adults with recent-onset asthma in our study. They specifically ask for any data related to possible occupational asthma.

In our cohort, we have collected data about current occupation and its influence on asthma symptoms and potential contribution to asthma onset. The specific questions asked to the patients were as follows: “What do you think the possible cause of your asthma could have been (eg, work)?” and “Did your work influence your asthma symptoms?” If these questions were answered positively, patients were interviewed more in depth about the details of their job and job history and what the possible causative agent could have been.

Ten percent ($n = 13$) of the patients who participated in our follow-up study were considered to have possible occupational asthma. Remarkably, none of these patients showed an increase in asthma severity over the 2-year follow-up period. On the contrary, 8 of the 13 patients (61.5%) with potential occupational asthma showed an improvement in asthma severity. Four of these patients appeared to have switched jobs because of their asthma symptoms. Unfortunately, we did not have more extensive data about the other half of the patients.

Our observation of improvement in asthma severity fits in with the findings of Anees et al³ that accelerated FEV₁ decline in patients with occupational asthma returns to normal rates of decline after exposure ceases. Discontinuation or at least decrease in exposure to the causative agent is in line with the currently

recommended management strategy for occupational asthma because this has a possible beneficial influence on the outcome.⁴ However, even after stopping exposure a persistent effect can be seen, although the prognosis probably depends on early asthma diagnosis, the duration of exposure, and the severity of asthma.⁵

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