

Breastfeeding and risk of respiratory allergies and asthma in children: Seeing things from different perspective

To the editor,

With great interest, I read the study in *Acta Paediatrica* conducted by Bigman, longitudinal study examining associations between breastfeeding and respiratory allergies and types of asthma in American children.¹ Bigman concluded 'the study provided evidence that exclusive breastfeeding for the first 3 months may reduce the risk of respiratory allergies and asthma in children 6 years of age'.¹ This is an important study because it sheds light on the topic of relationship between breastfeeding and asthma since breastfeeding impact on asthma development is generally considered uncertain.²

However, I noticed that in the study design, the author regarded breastfed children as the intervention group and non-breastfed children as the control group. Even though this way of data presentation cannot be considered wrong, it does seem somewhat illogical since breastfeeding is standard way of infant feeding, and not breastfeeding is the actual intervention.³ Table 3 of Bigman's paper shows that relative risk (RR) for asthma development of exclusively formula-fed children was set as standard (RR=1). Accordingly, the results were presented as RR for exclusively breastfed children and any breastfeeding in comparison with exclusive formula feeding.

The results of Bigman's study would perhaps have greater impact if exclusively breastfed children were regarded as the control group, and their RR was set as 1, and non-breastfed children and partially breastfed children were regarded as the intervention groups. This would emphasise health risks imposed by the interventions (not breastfeeding and partial breastfeeding) in comparison with the biological standard (breastfeeding).

Even though this would not affect the study results, literature suggests it would affect readers' views on breastfeeding importance and readers' attitude that breastfeeding is a standard way of feeding.⁴ However, literature also shows breastfed children are very often regarded as the intervention group in clinical trials possibly leading to readers forming opinion that breastfeeding is an optional feeding method that has some health benefits in relation to the standard—formula feeding.⁴

Therefore, presenting breastfed children, instead of formula-fed children, as the control group, and concluding 'This longitudinal

study provided evidence that *lack of* exclusive breastfeeding for the first 3 months may *increase* the risk of respiratory allergies and asthma in children 6 years of age' would possibly emphasise impact of feeding method on respiratory allergies and asthma development and emphasise health risks imposed by the intervention.

CONFLICT OF INTEREST

None to declare.

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