

Correspondence

Reply

To the Editor:

The correspondence from Chipps et al¹ highlights a new questionnaire for preschool children titled the “Test for Respiratory and Asthma Control in Kids” (TRACK). Although our recent review on childhood asthma² indeed stated that “there are no instruments available [for asthma control] for children in the 0- to 4-year age group,” that statement was adapted from the recent National Institutes of Health and the Agency for Healthcare Research and Quality Asthma Outcomes Workshop Report,³ which identified no core or supplemental measures for baseline characterization or prospective efficacy analyses in children younger than 4 years. It is important to note that this Asthma Outcomes Workshop Report was published in February 2012,³ and at that time, only 1 publication on the TRACK instrument was available.⁴ Although this TRACK publication was promising in that it demonstrated more than 80% correct classification of preschool children with asthma-like respiratory disease,⁴ the Workshop committee was constrained to strict definitions of “core” and “supplemental” outcome measures of asthma control, which were largely based on well-documented standardization of methods and cross-sectional and longitudinal validity.³ Consequently, the TRACK questionnaire was named as an “emerging” outcome given its potential to improve disease monitoring, although it was recognized that further studies were needed at the time.³

As Chipps et al¹ correctly point out, several key articles on the TRACK questionnaire⁵⁻⁷ have been published since the Asthma Outcomes Workshop.³ There is now evidence supporting both the clinical meaningfulness⁵ and the longitudinal validity⁶ of the TRACK tool in 20 representative pediatric practices in the United States. The reliability of the TRACK questionnaire in a Turkish population of preschool children has also been established,⁷ suggesting that the tool may be of relevance to the larger global community of asthma physicians. Although clinical trials utilizing the TRACK questionnaire are yet to be conducted, it may now be appropriate to move this new assessment tool from the “emerging” category of research. Given the limited number of available questionnaires for the assessment of asthma control in young children, the TRACK tool may offer novel advantages for future pharmaceutical study in young children.

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