

Asthma and Obesity

Mary Cataletto, MD, MMM

OBESITY RATES HAVE more than doubled in children and quadrupled in teens over the past 30 years.¹ Obesity, defined as having excess body fat, is reported to occur in approximately 12.5 million or 17% of U.S. children aged 2–19 years.² It has both long- and short-term consequences. The most well-defined consequences are metabolic syndrome, sleep apnea, joint problems, psychological and social issues, and increased risk for cardiovascular disease and certain types of cancer. Less information is known about the impact of obesity on measures of lung function in childhood, despite many studies in the literature and a strong association between asthma and obesity. In this issue of *Pediatric Allergy, Immunology and Pulmonology*, Khan et al.³ present their research on the relationship between adiposity and pulmonary function in a large cohort of school-aged Canadian children. This study is noteworthy because of the large number of children, the age range that looks at both prepubertal and postpubertal children, and the exploration of measures of obesity (e.g., skin-fold thickness, body mass index) and gender as variables. More than 1,500 children were included in Khan's analysis, which found a significant association between adiposity in boys but not in girls.

Also in this issue, Danielewicz presents an excellent review of the genetics of asthma and obesity. She discusses an evolutionary-based hypothesis that common disorders, such as asthma and obesity, are widespread among populations because the susceptibility alleles were selected during human evolution. In her review, she explores whether the *B2* adrenergic receptor gene polymorphism is important in these two comorbid conditions. Her work was funded by the European Social Fund.

Every individual with asthma should have an asthma action plan. There has been controversy about whether a rescue inhaler should be available for purchase without a prescription. Blake and Raissy discuss the pros and cons of

a nonprescription (available over the counter) preparation of epinephrine in a metered dose inhaler.

As we approach the conclusion of my first year as editor of *Pediatric Allergy, Immunology and Pulmonology*, I would like to express my gratitude to our board of directors, authors, reviewers, and our readership for their loyal support during our journey to improve and expand our offerings. The editorial staff have been most generous in their support of new initiatives and their efforts to maximize our outreach to new markets for the important research, reviews, and updates that *Pediatric Allergy, Immunology and Pulmonology* provides for the healthcare community.

I look forward to an exciting new year. A special issue on Hereditary Angioedema is in development in collaboration with Dr. Timothy Craig. Featured cases with expert commentary are being developed. We are still accepting original research manuscripts for the Best Original Research Manuscript from a fellow in training for 2014 and look forward to a robust response. Details are available on the Journal Web site. We encourage training programs to support their fellows to participate in this competition. Successful papers will be published alongside established experts and leaders in the field. The winner of the competition will receive a monetary award, publication of their manuscript, and a certificate of accomplishment.

References

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3. Khan S, Little J, Chen Y. Relationship between adiposity and pulmonary function in school-aged Canadian children. *Pediatr Allergy Immunol Pulmonol* 2014;27:126–132.

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1. Joshua Behr, Rafael Diaz, Muge Akpinar-Elci. 2016. Health Service Utilization and Poor Health Reporting in Asthma Patients. *International Journal of Environmental Research and Public Health* **13**:7, 645. [[CrossRef](#)]