

Wheezing and dog exposure

To the editor:

The article by Remes et al¹ that appeared in a recent issue of the Journal provided interesting information extracted from a large epidemiologic study. This letter in no way detracts from the very important information that has been gathered and published by that group. However, there were several points in the article that I feel deserve comment.

The authors clearly state in their introduction that the study tested “the hypothesis that pet exposure in early life is protective against the development of frequent wheezing.” In addition, the outcome variable of the study was frequent wheezing, defined as “>3 episodes of wheezing in the past year.” A review of the Methods section did not show that the authors had extracted from the questionnaire or from clinical information that the children studied had ever had a specific diagnosis of asthma, though the parents could have a diagnosis of asthma.

With respect to the Discussion section of the article, there are 3 points to which I would like to call attention. The first is the statement that the definition of asthma was based on “rather severe symptoms.” The second is the statement that “pet avoidance could be beneficial in secondary prevention of asthma and allergic diseases.” Finally, there is the statement that “pet avoidance in early life seems to protect against the development of childhood asthma.”

My concern is that the authors appear to have made the deductive leap that the presence of >3 episodes of wheezing is automatically equal to a diagnosis of asthma. Their conclusions imply that asthma was the outcome variable-despite the fact that asthma in the children was *not* ascertained in the study. A definition of asthma, which apparently was based on “severe symptoms,” as quoted by the authors, was not used, as far as I could determine, as an actual outcome variable for the children.

I certainly have no problem in accepting the supposition that recurrent wheezing in children might be asthma or likely is asthma, and the results themselves might have been exactly the same if asthma, rather than wheezing, had been used as an outcome criteria. It seems more appropriate, however, to be consistent within an article as to what was actually determined on the basis of methods and results. If the authors would like to speculate on possible associations, that should be clearly stated; this would be preferable to the making of broad assumptions.

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References

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1. Remes ST, Castro-Rodriguez JA, Holberg CJ, Martinez FD, Wright AL. Dog exposure in infancy decreases the subsequent risk of frequent wheeze but not of atopy. *J Allergy Clin Immunol* 2001;108:509-15.