



Preface

Key Issues in Pediatric Asthma



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Editors

Childhood asthma is characterized by airway inflammation, hyperresponsiveness, and variable airflow obstruction. It is a common disease that affects an estimated 6.8 million children in the United States,¹ which places them at significant risk for hospitalizations, emergency room visits, and school absences.²⁻⁴ Asthma accounts for 13.8 million days of school missed annually and results in a significant social and economic burden for both families and the health care system.^{1,2} Asthma also exerts a particularly heavy burden on children from racial and ethnic minorities, particularly those living in inner cities.^{3,4} Management of pediatric asthma is challenging because disease phenotypes are heterogeneous and evolving. Often limited evidence is available to make therapeutic decisions, particularly in younger children, and is often extrapolated from adolescent and adult clinical trials. Asthma management encompasses treatment of the disease itself and management of comorbidities as well as patient and family education.

New concepts have emerged in the last decade regarding the risk factors, diagnosis, progression, and management of asthma and asthmalike symptoms during childhood. This issue focuses on the most recent developments, evidence, and novel ideas relevant to pediatric asthma. Key topic areas for recurrent wheezing and asthma in childhood include the risk factors for inception and progress of the disease, primary and secondary prevention, recent diagnostic techniques, management of preschool and school-aged children, treatment of severe asthma, personalization of treatment, and environmental exposures. New advances in self-management skill training and adherence monitoring and strategies to extend our pediatric asthma care beyond the traditional clinic and hospital settings are also discussed in this issue. Finally, we end the

issue with highlights on future directions, which are important to advance our understanding of childhood asthma.

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