

Moving Forward in Asthma Care for Children

Mary Cataletto, MD, MMM

THE NATIONAL HEART, LUNG, and Blood Advisory Council Asthma Expert Working Group has released its Draft Needs Assessment Report for the Potential Update of the EPR-3 Guidelines for the Diagnosis and Management of Asthma. Based on input from a broad group of stakeholders, including public comment, the working group developed a list of high-priority topics to be considered for systematic review and for guideline update. Four of these high-priority topics related to the diagnosis and management of asthma will have important implications for pediatrics: the role of adjustable medication dosing in recurrent wheezing and asthma; the role of long-acting anti-muscarinic agents in asthma management as add-on to inhaled corticosteroids; the role of fractional exhaled nitric oxide in diagnosis, medication selection, and monitoring treatment response in asthma; and the role of remediation of indoor allergens in asthma management.

This issue of *Pediatric Allergy, Immunology, and Pulmonology* continues to highlight evidence-based interventions and strategic partnerships between patients and physicians in asthma care. Mansfield *et al.* from the RTI International Health Preference Assessment and the Merck Childhood Asthma Network discuss the implementation of translational research “Improving Asthma Outcomes for Children: Many Paths to Progress.” The degree to which evidence-based protocols can be adapted to specific communities and groups of patients is a key feature to success. They describe their efforts in tailoring intervention in five impoverished and high-prevalence communities.

In the United States, approximately 11 million children younger than five years of age who have working mothers are in child care, spending an average of 36 hours per week in these settings. Forty-one states do not require more than a high-school diploma for regulated family child-care providers.¹ This raises important concerns for parents with children with asthma. Young *et al.* from University of California, San Francisco and the San Francisco Department of

Public Health have developed a tool to evaluate asthma preparedness and management in child-care centers. The tool addresses multifactorial triggers, including exposure to tobacco smoke and key interventions focusing on staff training and the development of center policies to optimize asthma care. It is an important article for general pediatricians and asthma specialists alike who serve as resources for parents and child-care facilities caring for affected children.

The increased incidence of asthma in obese children has been well established. Whether this link will be helpful in establishing better ways to monitor and treat children with asthma is still unclear. In this issue, Koksai *et al.* in their “Evaluation of Serum Leptin and Adiponectin Levels in Obese and Lean Asthmatics” suggest that adiponectin may have protective disease modifying effect(s) in asthmatic children. They also suggest that anti-inflammatory mechanisms regarding adiponectin may work better in girls than boys.

Atopy is a high-priority topic and is a significant trigger in many children with asthma. In the Pharmacotherapy Update, Blake and Raissy review the latest guidelines on allergic rhinitis from the American Academy of Otolaryngology—Head and Neck Surgery and compare their updates with the American Academy of Allergy, Asthma, and Immunology 2008 guidelines. They recommend the section on environmental control for your review, highlighting issues such as breast-feeding and pet ownership in preschool age children as important resources for practitioners.

We hope that you find this issue helpful to you in your everyday practice and that the original research articles spark your interest in new developments in the field.

Reference

1. http://usa.childcareaware.org/sites/default/files/19000000_state_fact_sheets_2014_v04.pdf (accessed May 27, 2015).