LETTERS TO THE EDITOR

Do Parents of Asthmatic Children Feel Their Own Asthma Is Under Control?

To the editor: Having an immediate member of the family who has asthma is a risk factor for a child’s development of the disease. That statement is founded on a number of similar studies. Our group, for example, calculated an odds ratio (OR) of 5.17 (95% confidence interval [CI]), which was similar to that reported by another group (OR, 4.1; 95% CI, 1.7-10.1).

The presence of asthma in first-degree relatives is often uncovered when the medical history of an asthmatic child is taken in a pediatric outpatient clinic. We therefore aimed to determine the prevalence of asthma and treatments given and the degree of subjective sense of control over disease in a sample of parents of asthmatic children.

In this descriptive, cross-sectional study the parents of 210 asthmatic children volunteered to fill in an anonymous questionnaire with 7 items with multiple choice responses on whether or not they were asthmatic, how long they had had the disease, who was treating the condition, how it was being treated, if forced spirometry had been performed in the last 12 months, if they had taken any asthma-specific drug in the last 6 months, what drug or drugs had been taken, and finally, if they believed their asthma was under control.

We analyzed the questionnaires filled in by a sample of 210 families (all of those to whom it had been distributed). The 51 cases (24.3%) of asthma identified were distributed equally between men and women. Disease was monitored by pneumologists (24 cases, 47%) and family practitioners (19 cases, 37%). In 8 cases (14%) no doctor was reportedly monitoring the patient’s disease. Thirty-six of the asthmatics (70.6%) believed their condition was under control and 15 (29.4%) said it was poorly controlled. Of those who considered their disease was controlled, 29 (80%) had received drug treatment in the last 6 months.

Only approximately half of those who considered their disease poorly controlled had received such treatment (7 cases, 46.6%) (P < .05).

Ten persons (19.6%) had received inhaled β2-agonists in the last 6 months, 6 (11.8%) had used inhaled corticosteroids as monotherapy, 19 (37.3%) received combined treatment with long-lasting β2-agonists and inhaled corticosteroids, 1 (2%) had taken systemic corticosteroids, and 9 (17.6%) had not been treated.

Among the 19 asthmatics who received combined treatment, 17 (89.5%) felt their disease is well controlled and 2 (10.5%) felt it is poorly controlled. Among the 10 treated with short-acting inhaled β2-agonists, 8 (80%)...
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considered their disease well controlled and 2 (20%) did not. Among the 6 treated only with inhaled corticosteroids, 4 (66.7%) felt the disease is under control and 2 (33.3%) did not. In analyzing the perceptions of the 20 parents who had performed forced spirometry in the past 12 months to determine if doing so bore a relation to feeling the disease was under control, we found that 4 (20%) felt it was poorly controlled and 16 (80%) felt properly controlled; the difference was not statistically significant.

Six (40%) of the 15 patients who felt their disease to be poorly controlled were not under a doctor’s care whereas 2 (5.6%) of the 36 whose disease seemed under control were not.

Our results show that 1 of every 4 parents of asthmatic children have asthma themselves and that 3 out of 4 of them consider their disease to be under control. Only half the parents are receiving treatment with inhaled corticosteroids, either as monotherapy or combined treatment. The parents who feel their disease is well controlled are receiving more treatment and monitoring by a doctor than those who do not have the same impression. The patients with well-controlled asthma are better treated than those whose disease is not well controlled. The asthmatic children, on the other hand, do receive inhaled corticosteroid treatment (90%) and in 90% of the cases the parents consider that their children’s disease is under control.

Pediatricians and pneumologists should act to improve the overall outcome for this disease, given the observed contradiction—children whose asthma is well controlled and parents whose asthma is not.

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