

# Early Wheezing Predicts Poor Asthma Prognosis

BY JOYCE FRIEDEN  
Associate Editor, Practice Trends

WASHINGTON — If a child with what seems to be asthma appears in your waiting room, a skin test for allergies will tell you whether you'll be seeing a lot more of this patient, according to Elena R. Reece, M.D.

However, an even better predictor of chronic asthma is atopy combined with wheezing, she said at a conference sponsored by the Mid-Atlantic Center for Children's Health and the Environment. "The most common cause of wheezing in young children is viral respiratory infection. But the strongest predictor for wheezing that develops into asthma is atopy. About 70%-90% of children with asthma are atopic."

If the patient also started wheezing early in life, "it's bad" as far as a prognosis is concerned, said Dr. Reece, chief of allergy and clinical immunology at Howard University Hospital, Washington. "The

earlier you have the onset of wheezing, the more likely it is to be persistent and severe. Lung function in these children is significantly reduced at age 6."

There are three different patterns of wheezing in children, she said:

► **Transient wheezers** have reduced lung function after birth with congenitally smaller airways. They start wheezing before 6 months of age but usually stop by 6 years of age, when the lungs are sufficiently grown.

► **Persistent wheezers**, on the other hand, have normal lung function at birth, but function is significantly reduced by age 6 months, Dr. Reece said. "This group has more frequent asthma symptoms during the first year of life."

► **Late wheezers** begin sometime around their 6th birthday. Lung function in this group, however, is not significantly reduced.

With or without wheezing, making a definitive diagnosis can be tricky because there

is no way to objectively measure symptoms in very young children. In general, Dr. Reece said, pediatric asthma patients who start having symptoms early are more likely to have pronounced asthma symptoms, increased use of albuterol, reduced lung function, and markers of atopy.

Consider the possibility of asthma if a child is repeatedly diagnosed with reactive airways disease, recurrent bronchitis, chronic cough, wheezy bronchitis, asthmatic bronchitis, or recurrent bronchiolitis. ■

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bronchodilator use. Changes in quality of life and reduction in use of inhaled steroids, while favoring Buteyko treatment, were small and not statistically significant.

"These findings support the suggestion that the Buteyko technique may help patients adapt to their asthma and feel more in control of their treatment. It does not appear to alter the underlying disease process, however," the authors concluded (Thorax 2003;58:674-9).

## The Mind-Body Connection

Pediatric pulmonologist John Mark, M.D., of the University of Arizona, Tucson, has different ideas as to why Buteyko breathing may help asthmatic patients. "Recent years have seen increased interest in psychoneuroimmunology and the use of mind-body techniques for many disorders, particularly those that are inflammatory in nature, such as asthma," he told this newspaper. "Stress can lead to a more inflammatory, hyperimmune response, and if you can decrease the stress your body is experiencing, you can decrease this response."

But when evaluating mind-body techniques for asthma, outcome measures such as pulmonary function tests and even symptom scores are obtained too late in the inflammatory process.

"Instead, we did a study measuring the inflammatory marker exhaled nitric oxide in children with stable asthma on inhaled steroids," Dr. Mark said. Such markers are present before symptoms or changes in pulmonary function tests become apparent.

"With kids I had taught to do guided imagery, the steroids could be withdrawn with no increases in airway inflammation, but with a control group who were waiting to be taught the technique, the levels of exhaled nitric oxide went up, reflecting airway inflammation. And Buteyko breathing, which is very slow and deliberate, is actually very similar to guided imagery," he said.

—Nancy Walsh

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