







Asthma, Family Structure & Health Utilisation in Infants

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Introduction

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Research interests:

- Health, social and emotional well-being
- Parental smoking and ETS
- Obesity
- Bullying
- Breastfeeding
- Health utilisation and social deprivation





Research Objectives

- ➤ To identify socio-demographic factors associated with asthma in 9 month olds
- ➤ To identify material deprivation factors associated with the development of asthma during the first nine months of life





Methods: Respiratory Illness

- "We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Public Health Nurse or to Accident and Emergency. What were these problems?"
 - Wheezing or asthma
 - Chest infection
 - Snuffles or common cold



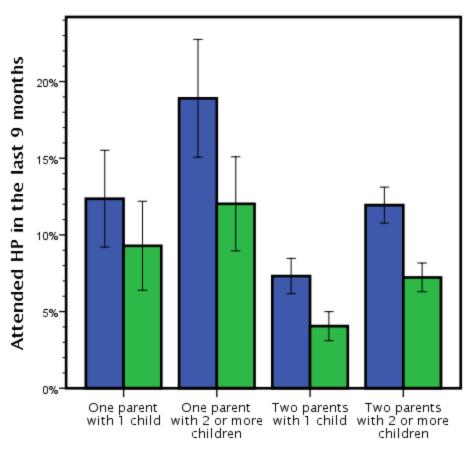


Gender differences

Nine – month - olds	Prevalence		Significance (p-
	Male infant	Female infant	value)
Diagnosed with a respiratory illness	4.9%	3.1%	<i>p</i> <0.001
Taken to HP due to	10.9%	6.8%	<i>p</i> <0.001
Asthma / wheezing			
Taken to HP due to snuffles / common cold	46.1%	47.8%	<i>p</i> =0.074 (n.s.)
Taken to HP due to	34.7	29.4	<i>p</i> <0.001
chest infection			



Wheezing and household type





Female



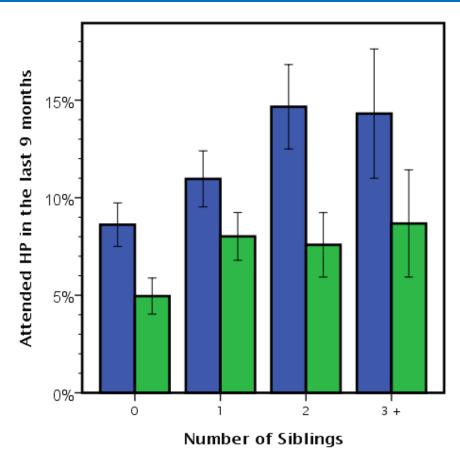
Male

Household Type





Wheezing and Sibling number



Error bars: 95% CI



Female

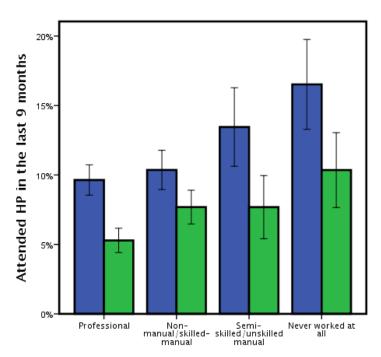






Social Class

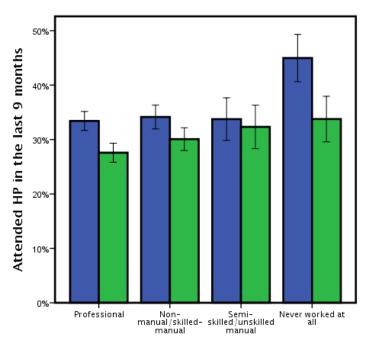
Wheezing



Occupational household class

Error bars: 95% CI

Chest Infection



Occupational household class

Error bars: 95% CI

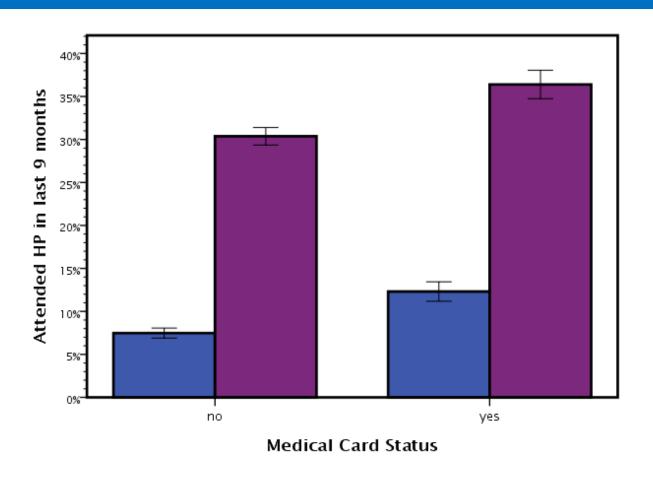


Female





Respiratory Illness and Medical Card



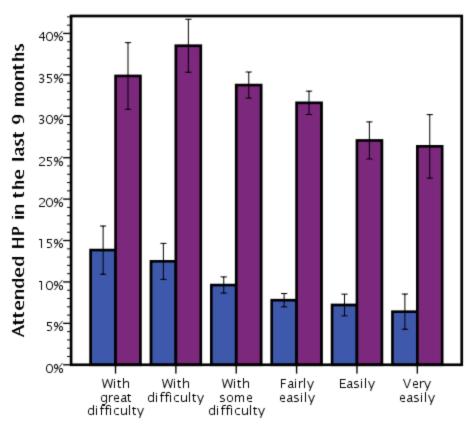








Respiratory Illness & **Material Deprivation**



Chest Infection

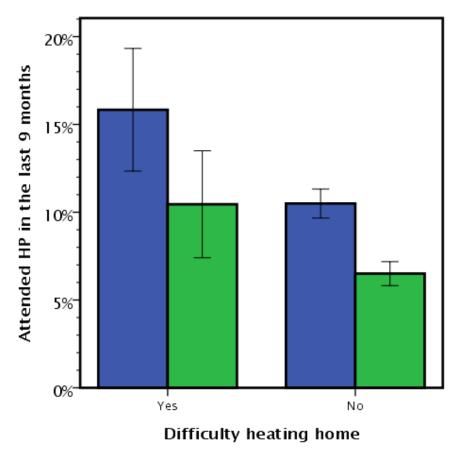
Wheezing

Degree of Ease/Difficulty to Make Ends Meet





Wheezing and Material Deprivation





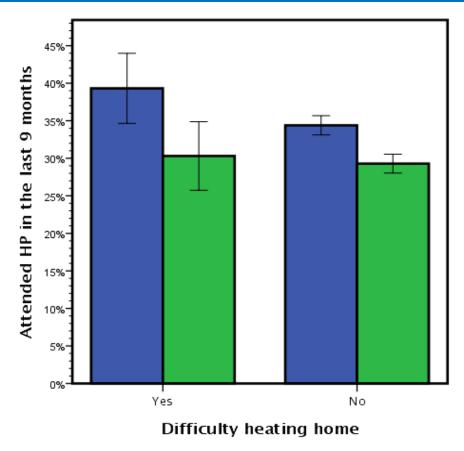
Female



Male



Chest Infection and Material Deprivation



Error bars: 95% CI



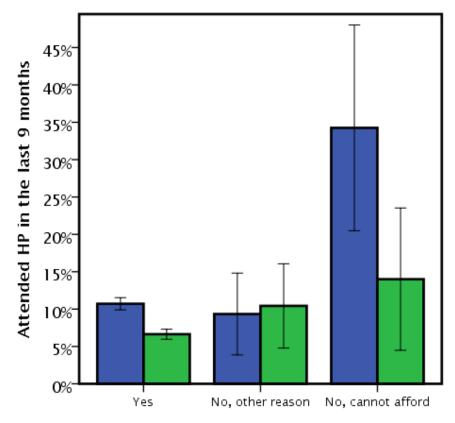
Female







Wheezing and Material Deprivation



Possession of a warm waterproof coat

Error bars: 95% CI



Female







Comparison with literature*

- Males experience more wheezing than females
- Breastfeeding/diet, daycare attendance, parental smoking and material deprivation are the main factors associated with infant wheeze.
- Longitudinal studies have found some children go into remission, while others have recurrent episodes that persist into adolescence

* References: Midodzi et al 2008, Propper et al 2006.





Conclusions

- 10.8% males and 6.8% females were taken to a healthcare professional with wheeze during first 9 months
- Visits to healthcare professionals with respiratory problems was significantly associated with a variety of socioeconomic variables: occupational class, medical card status and material deprivation.
- Findings consistent with international literature





Relevance of Research

- Increasing prevalence of wheezing and asthma worldwide.
- Wheezing phenotypes present diagnostic and management challenges for physicians who treat children.
- What factors are associated with development of asthma in Irish children?



References

- Midodzi, William, Rowe, Brian, Majaesic, Carina, Saunders, L. Duncan, Senthilselvan, Ambikaipakan, 'Predictors for wheezing phenotypes in the first decade of life'. Respirology 2008 13, 537–545
- Propper, Carol and Rigg, John, 'Understanding Socio-Economic Inequalities in Childhood Respiratory Health'. March 2006. LSE STICERD Research Paper No. CASE109





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Take a Deep Breath......

and give us some of your time

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Questions?