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EDITORIAL

Smoke and asthma

Asthma is the most frequent chronic disease in childhood and according to some epidemiological studies[1] it affects approximately 10% of school children in Spain.

It is known that prenatal exposition to tobacco smoke and exposition in the first months of life are risk factors for asthma development. Once asthma is established, exposition to tobacco smoke significantly affects the morbidity in both children and adults. The symptoms are more frequent and severe, require more rescue medication and health resources, and all of these affect the patients' quality of life.

Among asthmatics, smoking is associated to a worsening of the pulmonary function and to a decreased response to corticosteroid treatment.[2] Comparing the results of two parallel questionnaires to the phase I and phase III ISAAC questionnaires, where the risk factors in adolescents were studied, we could confirm that smoking had significantly decreased among our adolescents in the phase III questionnaire compared with the phase I questionnaire. Having smoking-parents was significantly associated with smoking-children; also having ever had asthma and the severity of asthma were associated with being a smoker adolescent.[3,4]

In Spain and according to a survey of the Education Ministry,[5] smoking among school children aged 14—18 has decreased in the last 14 years, from 21.6% daily smokers in 1994 to 14.8% in 2008. There is no doubt that the awareness campaigns to give up smoking, as well as the limitations to smoke in public sites, and so on, have importantly contributed to this fact.

The Spanish Guide for Asthma Management GEMA 2009[6] considers passive smoking as a direct triggering factor in asthma exacerbations. It is important to perform prospective studies that somehow methodologically confirm the repercussion of exposition to tobacco smoke. The authors of the present study in children with respiratory allergy induced by dust mites observe that exposition to tobacco smoke decreases the efficacy of immunotherapy, although it is still an efficient treatment; the authors also describe for antihistamines a fact already known about the response to corticosteroids among smokers: those patients with respiratory allergy exposed to tobacco smoke present a low or null response to them.

The problem of exposition to tobacco smoke among children with respiratory allergy, as well as among smoker adolescents drives us to perform educational programmes where all the information we have and its clinical impact can be transmitted. This is why it is very important to perform scientific studies. But not only must we transmit the information, but also the patients, their families and the school environment should all be involved.

References

1. Carvajal-Ureña I, García-Marcos L, Busquets-Monge R, Morales-Suárez M, García de Andoni N, Batllés-Garrido J, et al. Variaciones geográficas de la prevalencia de síntomas de asma en niños y adolescentes españoles. International Study of Asthma and Allergies in Childhood (ISAAC) fase III España. Arch Bronconeumol. 2005;41:659—66.
2. Pietinalho A, Pelkonen A, Rytila P. Linkage between smoking and asthma. Allergy. 2009;64:1722—7.
3. Fernández-Benítez M, Antón J, Guillen Grima F. Risk factors associated to the prevalence of asthma in adolescence. Allergol et Immunopathol. 2007;35:193—6.
4. Eder W, Ege MJ, von Mutius E. The asthma epidemic. N Engl J Med. 2006;355:226—35.
5. Encuesta Estatal sobre uso de drogas en enseñanza secundaria (ESTUDES) 1994—2008. Observatorio Español sobre Droga.
6. Guía Española para el Manejo del Asma (GEMA) 2009. Madrid: Luzan 5. www.gemasma.com.

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