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EDITORIAL

Wheezing in infants: A pandemic condition that need to be treated with patience



Infant wheezing is a very common condition during the first years of life and may develop into asthma if the condition is recurrent and severe.¹ Although there have been several publications coming from the "Estudio Internacional sobre Sibilancias en Lactantes (EISL) (International Study on Infant wheezing),² the present issue of *Allergologia et Immunopathologia* includes a meta-analysis of 14 studies on this common condition. Although the data are not totally new, it is of interest that to have them meta-analysed so they are grouped and have an uniform perspective. From the paper by Alvarez et al.³ one can infer that almost one third of infants have at least one episode of wheeze during the first two years of life (which add up slightly more than the currently fashionable 1000 first days of life); and that about 12% have recurrent wheezing episodes (three or more episodes). This is indeed a considerable burden (in every sense) for parents and for national health systems. In a paper published by our own group, the total cost of the attendance to emergency departments of these infants was 20 million euros per year.⁴ And that amount did not include in-hospital stay or direct and indirect costs of the episodes which are dealt with by parents at home after a non-scheduled visit to the paediatrician or primary care physician.

Unlike wheezing in school and adolescent ages, we have no clear idea whether wheezing in infants is increasing or not, as there are not international repeated crossover studies focused on this age group at different time points. Still, data coming from Latin America (with prevalence rates of wheezing and recurrent wheezing considerably higher than that in Europe or Africa), which reported prevalence 7 years apart, indicates that at least in the area, prevalence is more or less stable.⁵ However, a repetition of the EISL study is a challenge that paediatricians dealing with the problem should confront in the years to come.

Many of those episodes of wheeze are related to RSV infections, and maybe a vaccine against that virus could be effective for their prevention; but many other episodes are related to other viruses, making prevention more problem-

atic. With respect to management, we have not had any real advance since the marketing of leukotriene receptor antagonists, the efficacy of which is doubtful in most cases. Fortunately, this condition fades and disappears with lung development in a majority of cases, but still doctors have to deal with worried parents with an array of low efficacy therapeutic list of drugs (some of them with unwanted adverse effects if used at certain doses and for long periods of time). Patience seems to be the only remedy in most cases, but patience does not seem a very popular virtue in the western world, especially when speaking about health and disease.

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