

Study of the risk factors and trigger factors of childhood asthma and the economic implications of asthma management in a family practice

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This research project was undertaken to establish (a) To identify Risk/trigger factors and socio-demographic characteristics in childhood wheezing in children who presents to a family practice (b) Effectiveness of ICS in managing childhood asthma and their economic implications to the patient when used at the primary care level. (c) To describe patient/parent satisfaction of the management of childhood asthma with inhaled corticosteroids (ICS).Data was collected at the primary care unit of the Katukurunda Nursing Home in Kalutara and its branch clinic situated at the southern border of western province eighteen kilometers away at Aluthgama. Before starting inhaled steroids a consent form was signed by the parent/guardian of those children selected for ICS therapy. This data was analysed to arrive at conclusions on the cost-effectiveness of inhaled steroids. Findings of this study reveal that a family history of eczema and asthma are risk factors for childhood asthma. Smoking in the presence of the child proved to be a significant risk factor for childhood asthma. According to this study it was shown that children who got common cold and sneezing more frequently had a greater chance of developing wheezing. Consumption of chilled drinks was perceived by the parents/ guardian as trigger factors for childhood asthma. Using kerosene oil as a fuel for cooking increased the risk of childhood asthma. Regarding ICS therapy, the study revealed that only 1 percent of patients with asthma require ICS therapy when they present below 24 months of age. Around 5 percent of Children who presents with childhood wheezing between 25-60 months of age need ICS therapy while about 11 percent need ICS when they present with childhood wheezing after 61 months of age. Episodes of asthma were markedly reduced from 7 attacks to 1 attack per month when inhaled steroids were used for 3 months.