

### Rhinitis in children: how important is it?

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Flohr C. What can we learn about eczema from the International Study of Asthma and Allergies in Childhood (ISAAC)? Allergologie 2010; 33(6): 242-250 View Abstract | View Journal page

Mohammad Y, Tabbah K, Mohammad S, Yassine F, Clayton T and Hassan M International Study of Asthma and Allergies in Childhood: phase 3 in the Syrian Arab Republic East Med Health J 2010; 16(7): 710-716 View Abstract | View full article

Solé D, Mallol J, Wandalsen GF, Aguirre V and the Latin American ISAAC Phase 3 Study Group. Prevalence of Symptoms of Eczema in Latin America: Results of the International Study of Asthma and Allergies in Childhood (ISAAC) Phase 3. J Investig Alleraol Clin Immunol 2010: 20(4): 311-323.

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Živkovi? Z, Vukašinovi? Z, Cerovi? S, Radulovi? S, Živanovi? S, Pani? E, Hadnadjev M and Adžovi? O. Prevalence of childhood asthma and allergies in Serbia and Montenegro. World J Pediatr May 2010; Online First (epub) View Abstract | View Journal page

Beasley RW, Clayton TO, Crane J, Lai CKW, Montefort SR, von Mutius E, Stewart AW, and the ISAAC Phase Three Study Group. Acetaminophen Use and Risk of Asthma, Rhinoconjunctivitis and Eczema in Adolescents: ISAAC Phase Three Am J Resp. Crit Care Med 2010; e pub ahead of print 13 August View Abstract | View Journal page

Garcia-Marcos L, González-Díaz C, Garvajal-Urueña I, Pac-Sa MR, Busquets-Monge RM, Suárez-Varela MM, Batlles-Garrido J, Blanco-Quirós A, Varela Á L-S, García-Hernández G, Aguinaga-Ontoso I. Early exposure to paracetamol or to antibiotics and eczema at school age: modification by asthma and rhinoconjunctivitis. Pediatr Allergy Immunol 2010; Epub ahead of print View Abstract | View Journal page

Mallol J, Solé D, Baeza-Bacab M, Aguirre-Camposano V, Soto-Quiros M, Baena-Cagnani C and the Latin American ISAAC Group. Regional variation in asthma symptom prevalence in Latin American children. J Asthma. 2010; 47(6):644-50. View Abstract | View Journal page

González-Díaz SN, Del Río-Navarro BE, Pietropaolo-Cienfuegos DR, Escalante-Domínguez AJ, García-Almaraz RG, Mérida-Palacio V, Berber A González-Díaz SN, Del Río-Navarro BE, Pietropaolo-Cienfuegos DR, Escalante-Domínguez AJ, García-Almaraz RG, Mérida-Palacio V, Berber A. Factors associated with allergic rhinitis in children and adolescents from northern Mexico: International Study of Asthma and Allergies in Childhood Phase IIIB Allergy Asthma Proc 2010; 31(4): 53-62 View Abstract | View Journal page

Anonymous Correction: Liao M-F, Liao M-N, Lin S-N, et al. Prevalence of allergic diseases of schoolchildren in central taiwan. From ISAAC surveys 5 years apart. (J Asthma. 2009;46(6):541-5.) J Asthma Aug 2010; 47(6): 699–699. View Journal page



# How important in terms of prevalence

#### Rinoconjuntivitis 13-14 yrs. Phase III



Map of prevalence of current symptoms of rhinoconjunctivitis, 13- to 14-year age group. Symbols indicate prevalence categories of > 20% (red stars), > 10 to < 20% (yellow diamonds) and < 10% (blue squares).

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#### Rinoconjuntivitis 6-7 yrs. Phase III



Map of prevalence of current symptoms of rhinoconjunctivitis, 6- to 7-year age group. Symbols indicate prevalence categories of > 10% (red stars), > 5 to < 10% (yellow diamonds) and < 5% (blue squares).

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#### Where is New Zealand?

(13-14 yrs)



#### Where is New Zealand? (6-7 yrs)



#### Relationship between the two age-groups



#### A summary of world prevalence

Table 3. Prevalence of symptoms of rhinoconjunctivitis by level of gross national income. ISAAC Phase Three World Map centres, rhinitis questionnaire data by country income (World Bank data)

			Current nose symptoms		Current nose and eye symptoms		Hay fever ever		Current symptoms of rhinoconjunctivitis		Current symptoms of severe rhinoconjunctivitis	
Income category	No. centres	Ν	Frequency	%	Frequency	%	Frequency	%	Frequency	%	Frequency	%
6- to 7-year age group												
Low income	21	63925	9378	14.7	3326	5.2	8311	13.7	2920	4.6	198	0.3
Middle income	74	191724	44951	23.4	19129	10.0	24922	13.4	17757	9.3	1693	0.9
High income	46	125786	27593	21.9	12393	9.9	14681	12.2	11883	9.4	587	0.5
Unknown income*	3	7376	1161	15.7	381	5.2	384	5.2	368	5.0	52	0.7
13- to 14-year age group	)											
Low income	33	100262	28229	28.2	15164	15.1	23354	24.0	13662	13.6	1041	1.0
Middle income	126	370495	116990	31.6	60058	16.2	65513	18.3	54009	14.6	4109	1.1
High income	67	188977	64689	34.2	30312	16.0	41342	22.4	28802	15.2	1290	0.7
Unknown incomet	6	10508	2642	25.1	1408	13.4	1075	10.3	1393	13.3	122	1.2

\*World bank income data was not available for Niue and Palestine (Ramallah and North Gaza centres).

†World bank income data was not available for Cook Islands, Niue, Palestine (Ramallah and North Gaza centres), Réunion Island and Tokelau.

# Is it going up or down?

## Prevalence change between Phases One and Three

13-14 year age-group



Figure 3: World map showing direction of change in prevalence of allergic rhinoconjunctivitis symptoms for 6–7 year age-group and 13–14 year age-group Each symbol represents a centre. Blue triangle=prevalence reduced by  $\geq$ 1 SE per year. Green square=little change (<1 SE). Red triangle=prevalence increased by  $\geq$ 1 SE per year.

## Prevalence change between Phases One and Three

6-7 year age-group



Figure 3: World map showing direction of change in prevalence of allergic rhinoconjunctivitis symptoms for 6–7 year age-group and 13–14 year age-group Each symbol represents a centre. Blue triangle=prevalence reduced by  $\geq$ 1 SE per year. Green square=little change (<1 SE). Red triangle=prevalence increased by  $\geq$ 1 SE per year.

## Prevalence change between Phases One and Three (13-14 yrs.)



## Prevalence change between Phases One and Three (6-7 yrs.)



#### What happens in New Zealand (13-14 yrs)



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## What happens in New Zealand (6-7 yrs)



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## Prevalence change between Phases One and Three



## How allergic is hay fever?



http://www.blossomcampaign.org/chi\_march.aspx



http://www.worldallergy.org/professional/allergic\_diseases\_center/allergic\_march/



Saarinen UM & Kajosaari M. Lancet 1995

#### Rhinoconjuntivitis and seasonal allergy



Weinmayr G et al. Eur Respir J 2008 © ISAAC Steering Committee 2011

#### Rhinoconjuntivitis and perennial allergy



There is rhinoconjunctivitis outside the allergic march!



# United airway disease?

#### Overlapping of allergic conditions in Phase One



#### United airway disease?

Table 4. Co-morbidity of rhinoconjunctivitis symptoms with symptoms of asthma and/or eczema

		Symptoms of rhino- conjunctivitis only		Symptoms of and rhinoconju	asthma nctivitis	Symptoms rhinoconjunctiv eczema	s of vitis and a	Symptoms of all 3 conditions	
Region	Ν	Frequency	%	Frequency	%	Frequency	%	Frequency	%
6- to 7-year age group Africa Asia-Pacific Eastern Mediterranean Indian Sub-Continent Latin America North America	5876 60 052 40 573 50 106 93 851 4014	215 3520 1200 1183 5425 111	3.7 6.2 3.0 2.4 5.8 2.8	89 1117 505 554 3518 100	1.5 2.0 1.2 1.1 3.7 2.5	80 884 194 174 1513 37	1.4 1.5 0.5 0.3 1.6 0.9	70 494 199 174 1484 64	1.2 0.9 0.5 0.3 1.6 1.6
Northern & Eastern Europe Oceania Western Europe	42 583 13 888 77 868	1266 568 2810	3.0 4.1 3.6	569 487 1508	1.3 3.5 1.9	270 223 765	0.6 1.6 1.0	238 343 663	0.6 2.5 0.9
13- to 14-year age group Africa Asia-Pacific Eastern Mediterranean Indian Sub-Continent Latin America North America North America Northern & Eastern Europe Oceania Western Europe	66 334 99 688 51 708 55 815 1 65 917 13 994 72 092 36 385 1 08 309	6385 8581 4463 4177 16 038 1269 4056 3321 9169	9.6 9.3 8.6 7.5 9.7 9.1 5.6 9.1 8.5	2272 2135 1127 900 7076 653 1516 1496 3974	3.4 2.3 2.2 1.6 4.3 4.7 2.1 4.1 3.7	2020 1064 756 496 3255 219 582 796 1247	3.0 1.1 1.5 0.9 2.0 1.6 0.8 2.2 1.2	1266 530 408 395 2369 213 445 566 1229	1.9 0.6 0.8 0.7 1.4 1.5 0.6 1.6 1.1

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#### United airway disease?

Table 3. Multivariate analysis (logistic regression) assessing the associations between the different types of parental history and the organ involved in the child (controlled for all the variables in the table)

	Þ	asthma symptoms in ch	nild	Rhinoconjunctivitis symptoms in child			
	aOR	95% CI	р	aOR	95% CI	р	
Parental history Asthma <sup>-</sup> Rhinoconjunctivitis <sup>-</sup> Asthma <sup>+</sup> Rhinoconjunctivitis <sup>+</sup>	1 2.48	_ 1.38–4.45		1 1.84 0.89		_ 0.03 0.7	
Asth Male C Birthwe Older s Younge Smoker	+  +		2.48 2.13 1.11	1.89 0.75 1.71 1.09 1.39	$\begin{array}{ccc} 1 & & & & & \\ 1.84 & 04 \\ 0.89 & & & & \\ 1.89 & & & & & \\ 06 & & & & & & \\ 06 & & & & & & & \\ \end{array}$	0.003 0.09 0.2 0.7 0.1 0.8	
Mold stains on household walls Rural area Dog at home during first year of child's life Cat at home during first year of child's life	2.30 0.87 1.43 1.00	0.93–5.67 0.46–1.61 0.83–2.47 0.40–2.50	0.07 0.6 0.2 1.0	0.97 1.50 0.63 1.64 0.65	0.62–3.67 0.35–1.11 0.99–2.70 0.27–1.55	0.8 0.3 0.1 0.05 0.3	

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### Treatment?



#### The insufferable hay fever sufferer

Jim Schembri September 5, 2007

These people need help. Fortunately, there are many over-the-counter treatments available in the form of lozenges, antihistamine tablets and anticholinergic sprays. And the remarkable thing about all these excellent treatments is that none of them work.

http://www.theage.com.au/news/jim-schembri/the-insufferable-hay-fever-sufferer/2007/09/04/1188783228711.html#

### Conclusions

- Rhinoconjunctivitis is a frequent condition all over the world
- There is a high variability, both between countries and between centres within countries
- There does not seem to be a clear trend of rhinoconjuntivitis prevalence:
  - □ It might have flatten in countries with higher prevalence
  - □ It might have increased in developing countries with rapid economic growth
- The change in prevalence between phases One and Three is parallel in bith age groups
- The association between atopy and rhinoconjunctivitis is variable between countries and is lower than expected; the association being stronger in developed countries.
- Comorbidity is not as frequent in children as it seems to be in adults.
- The idea of a united airway disease comes from the clinic, not from the real world, and although many children show both rhinitis and asthma some "target organ heritability" may also play a role.