Clinical Profile of Children Attending Asthma Camps

Michael Welch, M.D. 1; Carol Archibald, PhD, MPH 2 and David Larsen, BA 3. Co−director, Allergy and Asthma Medical Group and Research Center, San Diego, CA, United States; School of Medicine, University of California San Diego, San Diego, CA, United States and American Lung Association of Minnesota, St. Paul, MN, United States.

Abstract

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M Welch, C Archibald, D Larson, and the Consortium on Children’s Asthma Camps.

Rationale: 15,000 children attend over 150 asthma camps each year, but a clinical description of these children and their degree of asthma control has never been reported.

Methods: The Consortium on Childhood’s Asthma Camps compiled data from a common health history application used by 3 different camps in a 2002 pilot study to characterize the type of child attending camp. Parents of 372 children, ages 7−14 (mean 10.5) completed an application about their child’s medical history, functional status, and medication use. Results: The majority had never camped before, 46% were returnees to camp. Only 30% used a PEF meter regularly while nearly 70% had no asthma action plan. One−third used their rescue inhaler at least 4 days/week, 25% were awakening ≥3 nights/week, 85% had asthma interfering with their exercise ability, and almost 15% missed ≥2 weeks/year of school. One out of 8 campers had been admitted for asthma ≥3 times in the last 5 years. Only 43% were followed by an allergist or pulmonologist. Merely 45%* were using inhaled corticosteroids. When returnees were compared to first time campers, there was a trend toward fewer ER visits (p=0.09) in the returnees.

Conclusions: The significant degree of sub−optimal asthma control and apparent undertreatment of children who attend asthma camp represents both a challenge and an opportunity for asthma camp programs to make an appreciable difference in the lives of these children.

*erratum: repeat analysis showed 73%

Background/Purpose

Methods

Results (cont)

Results (cont)

Conclusions/Future Plans

A common Health History Application was successfully utilized by multiple asthma camps and the parents’ responses to the questions about their child’s asthma were internally consistent.

Useful aggregate information was collected about the degree of asthma control and type of asthma treatment in these children attending camp, and suggest:

− A significant degree of sub−optimal control exists
− Under−treatment appears to be common
− Children who have been to camp previously tend to have fewer ER visits compared to those attending for 1st time

Future Plans:

− Expand the number of camps using common HHA with goal of:
  − Increasing size and accuracy of database
  − Increasing our understanding of profile of children attending camps to better serve their needs
− Take advantage of opportunity asthma camps represent in making an appreciable difference in the lives of children with asthma

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