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EPIDEMIOLOGICAL CHARACTERISTICS AND COMORBIDITIES IN CHILDREN WITH ASTHMA

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ABSTRACT

Background: The global prevalence of pediatric asthma, along with its associated morbidity and mortality, has been on the rise. Managing asthma in children is often complicated by the presence of comorbidities, which presents a unique clinical challenge. This study was designed to investigate the epidemiological characteristics and comorbidities of children aged 6–18 years with asthma.

Materials and Methods: This cross-sectional study was conducted on children aged 6–18 years with an asthma diagnosis who were referred to the Allergy Clinic at Motahari Hospital, affiliated with the Urmia University of Medical Sciences. A structured questionnaire was used to collect demographic data, including age, sex, weight, height, body mass index (BMI), and place of residence. The medical history of each participant was also obtained, with a specific focus on comorbidities such as rhinitis, sinusitis, and gastrointestinal disorders such as gastroesophageal reflux.

Results: Among the 212 participants, the mean age was 8.4 years. The cohort was predominantly male, with girls accounting for 36.7% of participants, and most children (64.2%) lived in urban areas. The mean body mass index was 17.04 kg/m²; 11.8% of participants were classified as obese, and 4.7% as overweight. No significant relationship was found between asthma severity and obesity ($P = 0.44$). The study also examined the prevalence of several comorbidities: allergic rhinitis (39.6%), gastroesophageal reflux (25.5%), and sinusitis (9.4%). There were no statistically significant associations between asthma severity and any of these conditions ($P = 0.07$ for allergic rhinitis, $P = 0.06$ for reflux, and $P = 0.37$ for sinusitis).

Conclusion: This study demonstrates that the presence of comorbidities does not have a significant correlation with asthma severity. The most frequently observed comorbidities, in descending order, were allergic rhinitis, gastroesophageal reflux, obesity, and sinusitis.

KEYWORDS: asthma, epidemiology, comorbidities, children

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