



Natural history of preschool wheeze into adolescence:

13-year follow-up of the Leicestershire 1990 cohort

MPF Strippoli¹; M Silverman²; AM Brooke²; CE Kuehni¹

1) Dept. of Social and Preventive Medicine, University of Berne, Switzerland

2) Division of Child Health, University of Leicester, UK

Introduction

Prevalence of wheeze in preschool children is high and has increased during the past decades (Lancet 2001;357:1821-25). Although initial symptoms can be severe and a burden for families, a large proportion of wheezy children will have only transient symptoms.

For parents and doctors, a means of predicting the likelihood of persistent disease in preschool wheezers would be very valuable.

Aims

In a population-based cohort study, we wanted to:

A) describe prevalence and natural history of wheeze,

B) assess risk factors for persistence from preschool to adolescence.

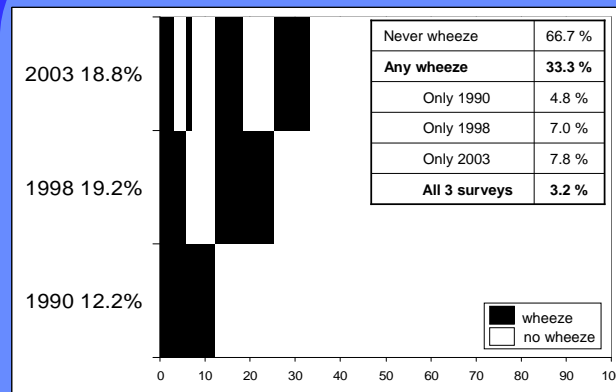
Methods – Leicestershire cohort

In 1990, a postal questionnaire was sent to the parents of 1650 Caucasian children aged 0 to 5 years, randomly sampled from the population of Leicestershire, UK.

Follow-up surveys were performed in 1998 (8 years later, age 8-13 yrs) and in 2003 (13 years later, age 13-18 yrs).

Survey	1990	1998	2003
N (Response rate)	1422 (86%)	1305 (85%)	1035 (63%)
Any surveys		1561 (95%)	
1990 and 2003		950 (58%)	
All 3 surveys		872 (53%)	

A) Prevalence and natural history of wheeze



Proportion of wheezers in 1990, 1998 and 2003 in children who replied in all 3 surveys n=872

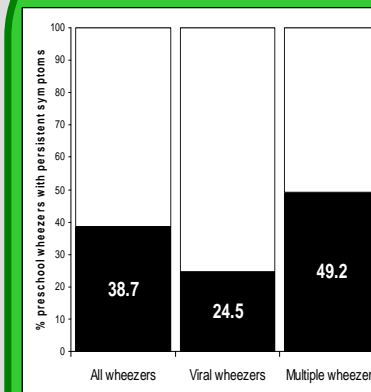
Horizontally : Prevalence of wheeze (in black) among all repliers.
Vertically : Status of children can be followed through the different surveys.

• Prevalence of parent-reported current wheeze was 12% in 1990 (age 0-5 yrs), 19% in 1998 (age 8-13 yrs) and 19% in 2003 (age 13-18 yrs).

• 290 children (33%) reported current wheeze in at least 1 survey.

• only 3% (28 children) were persistent wheezers (reported current wheeze in 1990, 1998 and 2003).

B) Risk factors for persistence



• Of the 116 preschool wheezers (who replied in 1990 and 2003), 45 (39%) reported current wheeze 13 years later, 12 of 49 viral wheezers (24%) and 33 of 67 multiple wheezers (49%) (p=0.007).

• In a multivariable logistic regression, we found the following predictors of persistence of preschool wheeze (1990) into adolescence (2003):

Exposures in 1990	Odds Ratio	95 CI	p
Wheeze triggered by inhalants	5.94	1.92 – 18.32	0.002
Waking with cough or wheeze	1.93	0.80 – 4.69	0.144
Heating by gas fire	5.36	1.70 – 16.88	0.004
Maternal smoking in pregnancy	2.57	0.93 – 7.00	0.068
Maternal bronchitis	2.74	0.88 – 8.53	0.081
Paternal hayfever	2.16	0.78 – 5.94	0.137

Conclusion – Discussion

- For one third of unselected children from the community, current wheeze was reported at least once during childhood.
- However, only a small minority (3%) had wheeze that persisted over all three surveys.
- Persistence was twice as high in multiple than in viral wheezers and predicted mainly by severity at baseline and environmental exposures (gas heating, smoking in pregnancy).
- These results need to be validated and refined in other (larger) cohort studies.