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Opinion Article

Bronchial Asthma Prevalence and Environmental Risk Factors

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DESCRIPTION

Asthma is the most prevalent chronic condition in children and one of the main causes of physician visits. According to data from the last three decades, childhood asthma is becoming more common and severe, as seen by rising hospitalization and asthma-related mortality rates. Children with asthma experience unfavourable effects throughout crucial times in their growth and development, and treating childhood asthma in the US costs more than $2 billion annually. As a result, pediatric asthma has been recognised as a significant public health issue. A larger variety of available treatments and improved disease management have been made possible by a better understanding of the pathophysiology of pediatric asthma.

However, the absence of an established definition makes it difficult to assess childhood asthma. Furthermore, pediatric asthma continues to be underdiagnosed and undertreated despite greater understanding of its etiology. Due to gaps in our knowledge of the disease's epidemiology, evaluation of therapy success is further constrained. The study of asthma incidence would be ideal for better understanding childhood asthma. In actuality, however, it is highly challenging to estimate the incidence of asthma due to the need for extensive long-term monitoring as well as the challenge of pinpointing the exact onset date. The majority of research on pediatric asthma report prevalence for these reasons. The prevalence of asthma reflects both the incidence and typical course of the disease.

Asthma prevalence and severity have both been observed to rise globally. The frequency of asthma during childhood and adolescence varies significantly by geographic region. The International Study on Asthma and Other Allergic Disorders in Children has provided the finest evidence on this aspect of epidemiology. The ISAAC investigators reported the prevalence of wheezing (during the past 12 months) for 56 nations in phase 1 of the project, which came to an end in 1996. They found rates that were up to five times higher in children aged 6-7 and up to 15 times higher in adolescents aged 13-14.

It is abundantly obvious that environmental variables play a role in the development of the disease given the exceptionally large variation and complexity of the international distribution pattern indicated by the ISAAC study. The incidence of asthma varies geographically, which aids in our speculation about the causes of the disease's spread. All around the world, bronchial asthma is becoming more common. The goal of the current study is to shed light on the potential influence of numerous environmental factors on asthma. Pediatricians would learn more about the condition's prevalence from a clear picture, which would also raise awareness among the general public. This would then result in the proper referral of the patient to pediatricians and centers for case management.

We may also have identified some comorbid risk factors, which might help prevent disease rather than just treat it. According to recent statistics, the frequency of asthma among school-age children varies greatly depending on the region. However, there are few studies on childhood asthma in India. Asthma risk factors have been discovered in the environment, including growing exposure to air pollution, allergens, and environmental tobacco smoke. The current investigation is also designed to evaluate geographic heterogeneity in the prevalence of asthma among children in this study area and to discover the function of potentially modifiable environmental factors that may ultimately lead to a reduction in the burden of this disease on the individual.

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