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Asthma in Australian children

**Findings from *Growing Up in Australia*, the
Longitudinal Study of Australian Children**

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Abbreviations

ACAM	Australian Centre for Asthma Monitoring
CI	Confidence interval
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
GP	General practitioner
HR	Hazard ratio
ICS	Inhaled Corticosteroids
ISAAC	International Study of Asthma and Allergies in Childhood
LABA	Long-acting beta agonists
LSAC	Longitudinal Study of Australian Children
LSIC	Longitudinal Study of Indigenous Children
MBS	Medical Benefits Scheme
NHS	National Health Survey
OR	Odds ratio
PAF	Population attributable fraction
PBS	Pharmaceuticals Benefits Scheme
RR	Relative risk or Rate ratio
SABA	Short-acting beta agonists
SEIFA	Socio-Economic Indexes for Areas

Summary

The issues

The prevalence of asthma in Australian children is amongst the highest in the world. Improved understanding of the way asthma and related wheezing illnesses progress through early childhood may have important implications for practice and for policy.

This report presents findings about asthma and wheezing illness in infants (first year of life) and in kindergarten children (fifth year of life) who were followed over two years in the national Longitudinal Study of Australian Children. The report also links the children's data to the use of health services through the records of the Medical Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS).

Infants

- Asthma or wheeze during the first three years of life was more common among those who: were boys, had older siblings, attended child care, were born at an early gestational age, and were admitted to Neonatal Intensive Care Unit after birth.
- Asthma or wheeze during this period was also more common in infants whose mothers: had asthma, were relatively young, or smoked during pregnancy.
- Infants who were breastfed had a lower risk of having asthma or wheeze during this time.

Kindergarten children

- Asthma in kindergarten-aged children was more common among those who: were living in remote or very remote areas and had food or other allergies.
- Among kindergarten-age children with wheeze, those who use medications for asthma and those who had more than 3 episodes of wheezing which lasted for a week or more in the preceding year, were more likely than others to still experience wheeze 2 years later.
- Children who had wheeze or asthma in their fifth year, were more likely than other children to be hospitalised, to attend an emergency department, and to visit a general practitioner (GP) over the next two years, and were also more likely to be overweight or obese two years later.
- Parents of children with wheeze or asthma were more likely to report that their child had poorer health or disturbed sleeping patterns.

Conclusions

There are important differences between wheezing illness in infancy and kindergarten-aged children, both in the nature of the disease and in its risk factors. Wheezing illness is a common disorder that contributes to a range of important health problems in kindergarten-age children. Further study of this cohort will expand our knowledge about asthma and related problems in children.

