# European Respiratory Society Annual Congress 2012 

Abstract Number: 5067<br>Publication Number: 1372

Abstract Group: 6.1. Epidemiology<br>Keyword 1: Allergy Keyword 2: Epidemiology Keyword 3: Children

Title: IgE-associated phenotypes in 8-year old children. Cluster analysis of European birth cohorts

Marta 12431 Benet mbenet@creal.cat ${ }^{1}$, Jean 12432 Bousquet jean.bousquet@inserm.fr MD ${ }^{2}$, Josep M. 12433 Antó jmanto@creal.cat MD ${ }^{1}$, Joachim 18730 Heinrich joachim.heinrich@helmholtz-muenchen.de MD ${ }^{3}$, Thomas 18726 Keil thomas.keil@charite.de MD ${ }^{4}$, Henriette A. 18731 Smit H.A.Smit@umcutrecht.nl MD ${ }^{5}$, Jordi 18729 Sunyer jsunyer@creal.cat MD ${ }^{1}$, Magnus 18727 Wickman Magnus.Wickman@ki.se MD ${ }^{6}$, Judith 12434 Garcia-Aymerich jgarcia@creal.cat MD ${ }^{1}$ and 12435 on behalf of the MeDALL Consortium jgarcia@creal.cat . ${ }^{1}$ Center for Research in Environmental Epidemiology, (CREAL), Barcelona, Spain ; ${ }^{2}$ Respiratory and Environmental Epidemiology team, INSERM, Villejuif, France ; ${ }^{3}$ Epidemiology, Institute of Epidemiology, Munchen, Germany ; ${ }^{4}$ Epidemiology, Charité University Medical Center, Berlin, Germany ; ${ }^{5}$ Epidemiology, Institute for Public Health and the Environment, Bilthoven, Netherlands and ${ }^{6}$ Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden .

Body: MeDALL (Mechanisms of the Development of ALLergy) is a FP7 project that aims to generate novel knowledge on the mechanisms of initiation of allergy. We aimed to identify phenotypes of allergic diseases in children using hypothesis-free statistical analyses. A total of 14,625 children ( $50 \%$ female) aged 8 years from 5 European birth cohorts (MAS, BAMSE, PIAMA, LISA, and GINI) were included in a common database with 83 variables obtained through harmonization of standardized questionnaires. Children were grouped, using partitioning cluster analysis (k-means), according to the distribution of 21 variables (phenotypic traits), covering asthma, rhinitis, dermatitis, food allergy, specific IgE levels, and child characteristics. Two groups emerged as the best separation maximizing between- and minimizing withingroups distances. The prevalence of most allergic diseases was different between groups (see Table): 5\% vs $54 \%$ for ever asthma, $6 \%$ vs $54 \%$ for ever allergic rhinitis, and $26 \%$ vs $69 \%$ for ever eczema, in Groups 1 and 2 , respectively. Specific lgE positivity was observed in $28 \%$ and $64 \%$ of children, respectively.

Thus, Group 1 could correspond to healthy children from the general population, while Group 2 puts together children with the different allergic diseases. These data suggest that allergic diseases could be better approached as one single entity rather than as independent, solely organ-related diseases.

