European Respiratory Society Annual Congress 2013

Abstract Number: 1742 Publication Number: P4333

Abstract Group: 7.6. Paediatric Respiratory Epidemiology Keyword 1: Physical activity Keyword 2: Asthma - management Keyword 3: Children

Title: Asthma and obesity in children: The role of physical activity and airway inflammation

Ms. Maartje 6739 Willeboordse m.willeboordse@mumc.nl¹, Dr. Kim 6740 van de Kant kim.vande.kant@mumc.nl¹, Ms. Charlotte 6741 van der Velden charlottevandervelden@hotmail.com¹, Prof. Dr Onno 6742 van Schayck onno.vanschayck@maastrichtuniversity.nl² and Prof. Dr Edward 6743 Dompeling edward.dompeling@mumc.nl MD¹.¹ Paediatric Pulmonology, MUMC+, CAPHRI, Maastricht, Netherlands, 6211RR and ² General Practice, CAPHRI, Maastricht, Netherlands, 6211RR .

Body: Background: There is increasing evidence for an association between asthma and obesity in childhood. Characteristics of the asthma-obesity phenotype are high medication use, low asthma control and an altered inflammatory pattern. Obesity is associated with low Physical Activity (PA) levels; however, studies are inconsistent about an association between asthma and low PA levels. As obesity often antedates asthma, low PA levels might play a role in the development of the asthma-obesity phenotype. We aim to investigate the role of PA and airway inflammation in pediatric asthma and obesity. Methods: In total, 122 children (aged 6-12 years) were recruited via an online guestionnaire and divided into four groups; Asthma n=29, overweight n=30, asthma-overweight n=30, and healthy control n=33. PA was defined by the average step count of seven consecutive days, measured by an accelerometer. Eosinophilic airway inflammation was measured by Fractional exhaled Nitric Oxide (FeNO). Results: Step count did not differ among the four groups (p>0.05). Significant predictors for a high step count included season of measurement, a younger age and the male sex (P<0.01). FeNO levels were not influenced by being overweight, but were increased in asthmatic children, older children and during spring season (P<0.05). Conclusion: Although asthma was characterised by increased FeNO levels, the paediatric asthma obesity phenotype cannot be characterized by altered FeNO levels and decreased PA levels. In future studies, other factors such as systemic inflammatory markers, dietary factors and chest wall mechanisms would be of interest to study in order to characterize the paediatric asthma-obesity phenotype.