

Prevalence, Management, and Risk Factor of Asthma Among School-Age Children in Yogyakarta, Indonesia [Letter]

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Dear editor

We have read a paper by Rina Triasih et al on Prevalence, Management, and Risk Factors of Asthma Among School-Age Children in Yogyakarta, Indonesia.¹ We congratulate the authors for their invaluable findings in the world of health which provide information regarding asthma, especially in children whose cases have not gone away. We would like to share our views on this study as well as provide input that can build on and develop this research if it is to be continued in the future by other researchers who also want to conduct studies on the prevalence of asthma, especially in school-age children.

The study conducted by Rina Triasih et al aims to provide a data report regarding the prevalence, management, and risk factors for asthma in school-age children in Yogyakarta, Indonesia, which is one of the most densely populated big cities in Indonesia. Rina Triasih et al in their research found that adolescents have a much higher prevalence of asthma than children. This is most likely due to the fact that there were more adolescent samples in this study than children, besides that it can also be caused by the fact that many male adolescents are already familiar with smoking and have started smoking so that it can be one of the factors that triggers asthma in teenage age.²

The study conducted by Rina Triasih et al used a cross-sectional study method in five districts in the province of Yogyakarta, Indonesia using a standardized questionnaire following a protocol developed by the Global Asthma Network (GAN) to evaluate asthma and its associated risk factors. The method used is good enough, but we want to provide input regarding other questionnaires that can be taken into consideration by researchers that can be used to assess asthma control from various predictors so that they can be evaluated and analyzed with univariable and multivariable logistic regression. This questionnaire will be very helpful in providing more accurate and complete data reports because it has been validated by the ISAAC and the Asthma Control Test (ACT).³

In conclusion, we agree that the prevalence of wheezing in children and adolescents in Indonesia is currently quite low and the use of inhalation therapy is still very limited. This is most likely due to the lack of data on asthma patients in children and adolescents who are reported in health facilities and the screening of health workers to detect wheezing in children and adolescents. We suggest that health workers who treat asthma in children can also pay attention to the child's growth and development during therapy by providing interesting inhalation therapy games so that children can recover and their growth and development are also not disturbed.⁴ Therefore, we suggest that health workers pay more attention to asthma in children and adolescents because severe asthma can be life-threatening for children and adolescents if not treated properly.

Disclosure

The authors report no conflicts of interest in this communication.

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