Our audit highlighted a clear and unwarranted variation. DAT should only be requested where there is a high index of clinical suspicion and if positive, folic acid therapy and monitoring for late-onset anaemia should be reserved for those select groups. A new guideline is being developed to standardise management of DAT positive infants.

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1221 CAN WE PREDICT ASTHMA? STUDY OF ENVIRONMENTAL FACTORS IN RELATION TO API (ASTHMA PREDICTIVE INDEX) IN WHEEZING INFANTS

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Background Diagnosing asthma in preschool children is very challenging. Several tests can support asthma diagnosis such as spirometry, bronchoprovocation, and sputum induction. However, these tests are very difficult to perform with preschool children.

API (Asthma predictive index) is simple clinical validated test that is widely used in our daily clinical practice to predict the outcome of infancy’s wheezes. It assess parental atopic disease as well as infant’s atopies. Few environmental factors were included in this index.

Objectives In this study we tried to assess the effect of different environmental factors among Egyptian wheezy infants compared to their clinical criteria and their API.

Methods This is a cross-sectional study that included fifty wheezy infants and thirty healthy controls of matched age and sex. Different environmental factors were included in this study including: sex, residency, feeding history, exposure to smoke, cigarette and animals. The clinical characteristics of wheezes were assessed. Also, serum levels of vitamin D, Calcium and Phosphorus were measured in all patients. Correlation analysis was used to evaluate the relationship between homogeneously distributed variables.

Results BMI was found to be significantly higher in wheezy infants compared to controls as well as API (+ve) group compared to API (-ve) group (P: <0.001 in both). Exposure to carpets was found statistically higher in API (+ve) group compared to API (-ve) group (P: 0.048). Among the laboratory criteria, vitamin D was found to be significantly lower in wheezy infants compared to controls as well as API (+ve) group compared to API (-ve) group (P value : 0.01 in both). Negative correlation was found between number of wheezing attacks and serum vitamin D (R:-.356, P: 0.011).

Sex, residency, maternal exposure to smoke, exclusive breast feeding in the first 6 months of life, duration of outdoor exposure and exposure to different environmental factors (mold, pollen animals) were not found to be statistically significant in all study’s groups.

Conclusions BMI, Exposure to carpets, vitamin D levels were found to be related to API (and consequently the number of wheezing attacks) status in different wheezy infants. We might consider including these criteria as predictive criteria for the outcome of childhood wheezes.