assessed the symptoms of upper airway cough syndrome, asthma medication use and associated risk factors. Parents were asked their views of these assessments as an alternative to attending clinic utilising a Likert questionnaire cuing at 1 not at all and at 6 a lot. All children performed pulmonary function tests at the clinic and these were compared to the ACT scores. The RAP was compared to Physician-assessment of Asthma and associated co morbidities.

**Results** One hundred and nine questionnaires were distributed with 102 fully completed. The M: F was 1.8:1. The mean age was 9.1. Asthma severity was mild in 23 (23%), moderate in 59 (59%) and severe in 18 (18%). The positive predictive value of ACT versus pulmonary function tests was 89%. The RAP identified 19 (18.6%) children with good asthma control but significant UACS symptoms. Fifty six (55%) parents would utilise the questionnaire to obviate a clinic visit, if rapid access to the clinic was available.

**Conclusion** Questionnaire assessment can adequately identify the absence of asthma and UACS symptoms in children and is acceptable to more than half of parents attending an asthma clinic.

**REFERENCES**

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2. Son’s trichrome stainings. Examined after hematoxylin-eosin, periodic acid-Schiff, and Masson's stainings.

3. Objective The study evaluates the influence of long term small dose inhaled corticosteroids on growth and somatic development in asthmatic children.

4. Methods Observational analytical study on 2 samples of subjects. The study group: 100 asthmatic children with small dose inhaled corticosteroids (beclomethasone dipropionate Becotide 200–400 µg/day or fluticasone propionate Flixotide 100–300 µg/day), for 24 months therapy. The control group: 100 healthy children. Both groups were divided in 5 homogeneous age subgroups, between 5–19 years of age. For both groups the relevant anthropometric landmarks for assessing growth were measured in dynamics at every 6 months, in a 2 years follow-up: body height, shank and plant length growth; thorax, skull, hip, shank and arm circumference growth. The statistical SPSS software was utilized and the index t-test was calculated (p>0.84).

5. Results Comparative evaluation of anthropometric indices after 1 year, respectively 2 years of medication in all age subgroups revealed a minimum reducing of the growth rate in the study group without statistical significance.

6. Conclusions Inhaled corticosteroids in small doses in a long term therapy (2 years) doesn’t significantly affect growth and somatic development in asthmatic children.

**REFERENCES**

1. Marc, A Butnar, C Corpodean. *Pediatrics; Neonatology, University of Medicine and Pharmacy 'Iuliu Hatieganu', Cluj-Napoca, Romania*

2. Background Inhaled corticosteroids are the main anti-inflammatory controller type therapy in asthmatic children. Impaired growth as a result of long-term corticotherapy remains a disputed issue of topical interest for both endocrinologists, pneumologists and pediatricians.

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1. Marc, A Butnar, C Corpodean. *Pediatrics; Neonatology, University of Medicine and Pharmacy 'Iuliu Hatieganu', Cluj-Napoca, Romania*

2. Introduction and objectives The immunodeficiencies (ID), by the subsequent impairing of the immunoregulation, may be at the origin of certain autoimmune diseases (AID). The deficit in immunoglobulin A is one of the most frequent ID associated with AID.