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... decrease was considered a positive response to exercise challenge. The information on ambient air quality (SO₂, NO₂, CO, Ozone, P₁₀) was obtained from an appropriate institutions. Results: Of 649 subjects tested (Group I, n=430, F=251 (58,4%), M=179 (41,6%), Group II, n=219, F=112 (51,2%), M=107 (48,8%). 79 of participants (12,2%) responded positively to exercise challenge. Group I, n=55 (12,3%), Group II, n=26 (11,8%). Of the population tested n=153 (23,6%) self-reported history of allergic disease. Group I, n=94 (21,9%), Group II, n=56 (25,6%). The levels of air pollutants obtained for Group II significantly exceeded those obtained for Group I. Conclusion: This Study reports prevalence of 12,2% of EIA among high school students, when FRAXI and PEFr is utilized. A significantly different levels of common pollutants do not correlate with asthma prevalence.

While recognized, that air pollution is a well known asthma trigger, it cannot be a simple explanation for the continued problem of rising asthma prevalence.

P27 SPECIALTY INFLUENCE ON ACUTE CARE RESOURCE UTILIZATION BY ASTHMA PATIENTS.
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Purpose: This study was conducted to evaluate the effects of specialty care on utilization of acute healthcare resources.

Method: In an HMO setting, 2019 charts were reviewed based on ICD-9 coding for both asthma and chronic/recurrent respiratory disease. Group I: seen and followed by allergy group. Group II: seen by allergy group once but not followed. Group III: seen by primary care only. Approximately equal numbers (50%) rated their asthma moderate or severe (confirmed by random chart review).

Results:

	Group I	Group II	Group III	P
Number:	648	324	1047	
Deaths:	0	1	1	
Hospitalizations/ 100 asthmatics:	1.947	2.52	2.794	0.05
>5 y/o	1.8	--	4.1	0.005
5-34 y/o	1.4	2.46	2.5	0.01
>34 y/o	2.87	2.97	3.4	
Hospital stay (days):	1.84	2.48	2.64	0.05
0-20 y/o	1.4	2.1	2.48	0.01
>20 y/o	2.3	2.5	2.98	
ED visits/ 100 asthmatics:	3.6	6.9	4.68	0.05

Conclusion: Patients followed by the allergy group required less utilization of resources for acute uncontrolled disease than patients never seen by the allergy group or those seen but not actively followed.

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P28 BETA-AGONIST THERAPY
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Conclusion: prescribe be antiinflamu therapy. Be a small gro agonists. A which was i