

[Children's Memorial Hospital was one of six hospitals nationwide that was selected by the NIH to take part in this study. We wrote the grant proposal that led to the CMH selection and also the reports. This abstract is from a preliminary report on the study.]

ABSTRACT

The National Cooperative Inner-City Asthma Study investigated factors that contribute to increased asthma morbidity among urban children. We hypothesized that asthma morbidity leads to a deterioration of the child's social environment, which in turn, reduces the abilities of the child and caretaker to manage the child's asthma effectively. To evaluate this premise, we used a variety of measures to assess 1528 4-9-year-old asthmatic urban children and their caretakers with regard to their asthma management skills and psychosocial adjustments. Caretakers demonstrated considerable asthma knowledge, averaging 84% correct responses on the Asthma Information Quiz. However, respondents provided less than one helpful response for each hypothetical problem situation, and most respondents gave more than one undesirable response, indicating a potentially dangerous or maladaptive action. Both adults and children reported multiple caretakers responsible for asthma management (adult report: average 3.4, including the child), but children rated their responsibility for self-care significantly higher than did adults. Scores on the Child Behavior Checklist indicated increased problems compared to normative samples (57.3 vs 50, respectively), and 35% of children met the criteria for problems of clinical severity. On the Brief Symptom Inventory, adults also reported elevated levels of psychological symptoms (56.02 vs norm of 50); 50% of caretakers had symptoms of clinical severity. Caretakers experienced an average of 8.13 undesirable life events in the 12 months preceding the

baseline interview, more than twice the number found in other studies of inner-city families with chronically ill children. These findings suggest that limited asthma problem-solving skills, multiple asthma managers, child and adult adjustment problems, and high levels of life stress may place the inner-city children in this study population at increased risk for adherence problems and asthma morbidity.