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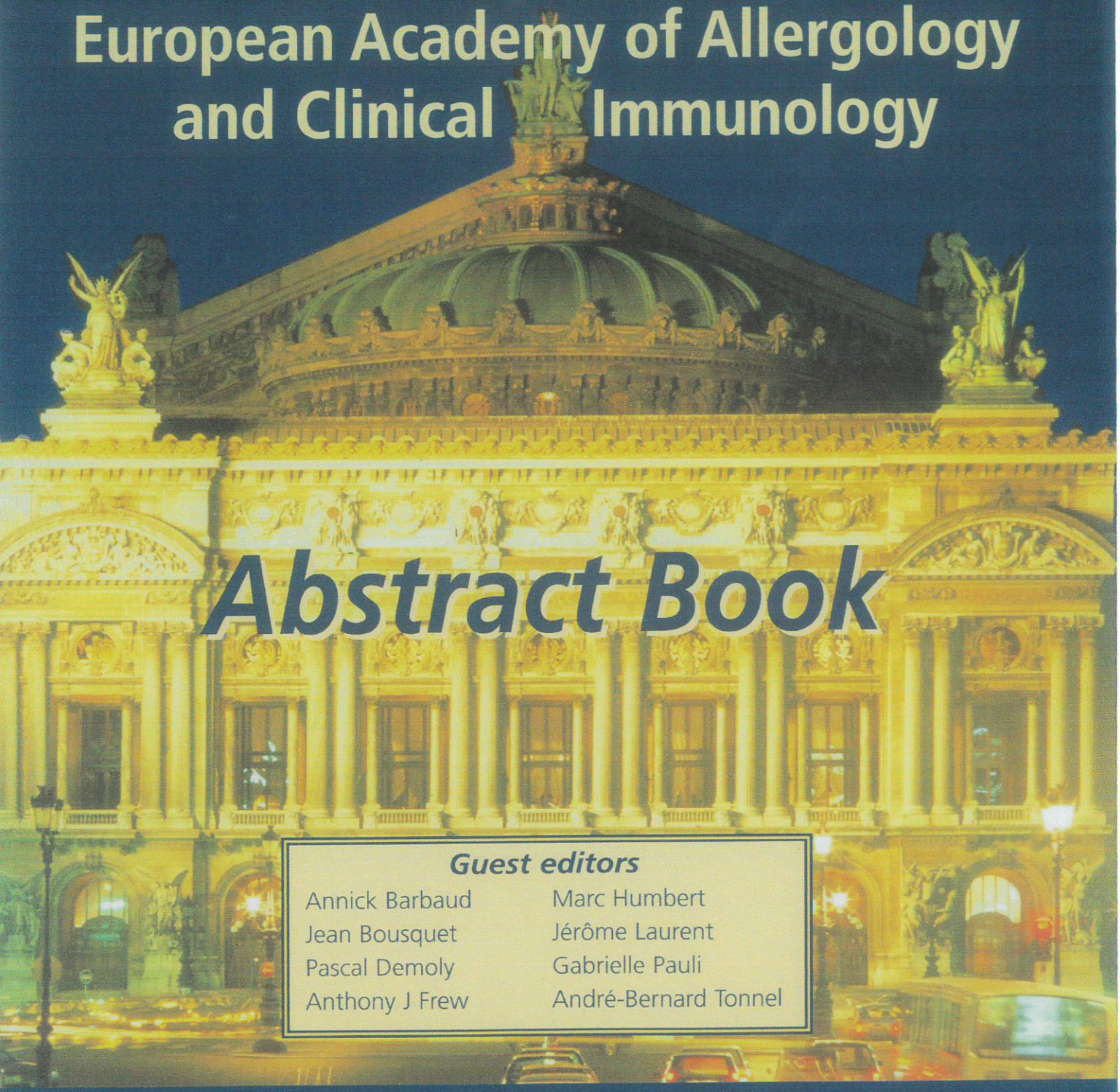

Abstract Book

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COPD prevalence in industrial establishment workers of Sverdlovsk region

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From GOLD 2001 and other information sources it is known that one of the risk factors for development of COPD are industrial air pollutions.

Aim of the study was to determine the COPD prevalence in metallurgical plant workers, to work out and introduce the COPD management and prevention program in the industrial establishments of Sverdlovsk Region. 2053 workers were examined (median age: 44.4, men: 61.6%). 1767(87.5%) of them were current smokers. The diagnosis of COPD was considered in 721 persons (35.1%), median age - 45.9 years, 673(93.3%) of them were tobacco users. We identified mild COPD (I stage) in 491 patients (68.1%), moderate (II stage) – in 230 (31.9%). Treatment group consisted of 99 patients (69-I stage, 30-II stage). The patients were treated for six months. All patients with I stage received nebulized solution of ipratropium bromide, other - fixed combination of fenoterol and ipratropium bromide. Clinical symptoms of COPD (cough, sputum characteristics, intensity of breathlessness) and FEV1 were scored prior the treatment and after the 6-month treatment period. Cough stopped in all patients with I stage of COPD, breathlessness didn't alter in this group, FEV1 increased in 6.5%. In patients with II stage cough disappeared in 82.6%, breathlessness reduced in 26.1%, FEV1 increased in 6.8%. In 6-month of treatment exacerbation of COPD was not registered and there were no cases of disability during the treatment period.

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Trends in the prevalence of respiratory symptoms, 1993-2001. A longitudinal population survey

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Background: Although the prevalence of respiratory symptoms and obstructive airways disease (OAD) in adults is said to have increased during the past three decades, there is little objective evidence about changes in the UK over the past 10 years.

Aim: To measure changes in the prevalence of respiratory symptoms and OAD between 1993 and 2001.

Method: Four postal respiratory surveys (using a modified ECRHQ) were carried out in 1993, 1995, 1999 and 2001, with response rates of 69%-77%. Subjects who replied to two or more surveys (n=8058) were included in a longitudinal analysis taking account of the repeated measures nature of the prevalence data. Symptom questions related to the previous 12 months.

Results: After adjustment for potential risk factors, inlcuding age, smoking and gender, there were significant increases in the prevalence of wheeze (29% to 35%), being woken by cough (30% to 36%), receiving asthma medication (11% to 14%), and also of OAD, defined as four or more symptoms/risk factors from six key questions, (14% to 16%). Adjusted odds ratios per year of secular increase were 1.02 (95% confidence interval (CI) 1.01-1.03) for wheeze, 1.03 (95% CI 1.02-1.03) for being woken by cough, and 1.03 (95% CI 1.02-1.04) for asthma medication. For obstructive airways disease, the odds ratio was 1.02 (95% CI 1.01-1.03). All these trends were statistically significant ($p<0.001$).

Conclusion: This study has provided objective evidence of an increase in respiratory symptoms up to 2001.

99. Epidemiology of upper and lower airways diseases

Effect of smoking on the rhinitis in teenagers. ISAAC Phase III-Environment

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The factor mainly environmental have been put forward to account for the actual increase of the prevalence of allergic rhinitis. The aim of this work is to raise the influence of the parental smoking on the prevalence and severity of rhinitis. This study carried out in October 2001, concerned 1777 students in Casablanca, aged 13 or 14. The father is a smoker in 583 cases (32.8%) and the mother smoker the prevalence of rhinitis is 61.3% whereas it is 52.5% in children whose mothers are non-smokers. The prevalence is 5.5% in the children whose fathers are smokers against 51.4% in children whose fathers are non-smokers. The prevalence of rhino-conjunctivitis in children of mothers who are smokers is 73.8% while it is 61% in children whose mothers are non-smokers. This prevalence is 62.5% in children whose fathers are smokers versus 60.6% in children whose fathers are non-smokers. Rhinitis is considered moderate to severe in 31.5% of children whose mothers are smokers versus 26.1% in children of non-smokers mothers. The prevalence of rhinitis considered moderate to severe is 26% in both children whose fathers are smokers and whose fathers are not smokers. The prevalence of hay fever is 35.5% in children whose mothers are no smokers versus 30.2% of children of non-smoker mothers. This prevalence is 33.3% in children of smoker fathers against 28.7% in children non-smokers fathers.

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Rhinitis is a significant risk factor for cough apart from colds among adults

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Although a link between rhinitis and recurrent cough has been long suggested, to date this association has been poorly delineated. The aim of our study was to determine if rhinitis is a significant and independent risk factor for cough among adults. We used data from the Pisa prospective study, a large population-based cohort study composed of a baseline and a follow-up survey taken approximately 5 years apart from each other. At survey 1, 1698 subjects at least 15 years old and without a positive history of cough apart from colds were selected. Among them, 306 (18%) had either seasonal or perennial rhinitis. By survey 2, 16% (49/306) of the subjects with rhinitis had experienced occasional or recurrent cough apart from colds, as compared with only 9.8% (136/1392) of the subjects without rhinitis (OR 1.76, 1.24 – 2.51, p = 0.002). After adjustment for age, gender, atopic status and smoking, the association between rhinitis and cough was even stronger (OR 2.01, 1.39 – 2.90, p = 0.0002). When multinomial logistic regression was used for the different cough categories, the adjusted ORs associated with rhinitis were significant for both occasional (2.39, 1.18 – 4.82) and recurrent cough (1.90, 1.25 – 2.89). In conclusion, adults with rhinitis are at increased risk for developing cough apart from colds. Further research is needed to assess if and to what extent the treatment of upper airway symptoms, beside other risk factors' avoidance, may prevent the onset or persistence of cough in adults.

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Comparison of seasonal variation of airborne pollen and prevalence of allergic rhinitis in school-aged children for 5 years in Korea

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It is essential to survey the pollen and mold around the patient's environment for the diagnosis and treatment of airborne respiratory allergy such as allergic rhinitis. We tried to elucidate the changing pattern of the prevalence of allergic rhinitis, compared with the variation of pollen and mold for 5 years in school aged children. Airborne pollen were collected daily from nationwide 8 stations for 5 year in South Korea (July 1, 1997 - June 30, 2002). They were counted and recorded along with the weather in South Korea. Study population included 43,045 children (6-15 yr old) from 68 schools all over nation were surveyed by the written questionnaire for allergic rhinitis.

Airborne pollen has two peak seasons that is May and September in Korea. There was the tree pollen seasons from the middle of February to late July, then followed during the grasses and weed season from the middle of July to the end of October. In skin prick test results, among the pollens, mugwort was the most common positive, followed by ragweed mix, alder, birch, grasses mix. The prevalence of allergic rhinitis in school-aged children was increased from 11.0% to 13.7% during 5 years in Korea. The rate of rhinitis diagnosis and treatment was also increased in all age groups. The prevalence of allergic rhinitis was markedly increased during spring and fall.

In conclusion, Pollen season is significantly correlated to the increased prevalence of allergic rhinitis in school aged children in Korea.

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The clinical relationship of nasal polyposis to asthma and other pathologies in the French population

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A large cross-sectional case control screening study was initiated