



ASSOCIATION OF ASTHMA SEVERITY WITH BODY MASS INDEX AMONG ADULTS

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Asthma is now recognized as a common cause of disability of great economic cost and preventable deaths. In this study we aimed to test our hypothesis based on the relationship between body mass index and bronchial asthma. Among the patients with acute asthma admitted to the emergency ward and pulmonology clinic, we sought to determine the prevalence of obesity, as well as the effect of body mass index (BMI) on asthma severity, in this high-risk group patients. To investigate the relation between body mass index and asthma severity, we conducted a descriptive cross-sectional study of 501 volunteered patients with bronchial asthma. To identify the severity of the asthma's situation, a questionnaire was prepared requesting the following information: age, sex, clinical signs and symptoms. After the participants answered to the questionnaire, all active or ex-smoker patients were excluded. A trained observer assessed airway reversibility, peak flowmetry and spirometry in asthmatic patients. The results showed that the dyspnea is the most common symptom in the asthmatic patients, recurrent episodic wheezing (95.7%), cough (92.6%), nasal polyp (29.7%) and dermatitis (16.2%). Mild persistent asthma (step 2) was the most common type of asthma severity classification (139; 27.74%) and 275 (54.87%) of asthmatic patients had normal weight (BMI, 19-25.9), 182 (36.34%) of patients were either overweight (BMI, 26 to 29.9) or obese (BMI > 30; 14.57%) and 44 (8.79%) were underweight (BMI < 19). Between asthma severities and BMI was an indirect relationship, that there was a significant difference ($P < 0.05$). We observed negative association between BMI and asthma severity, but no association between the presence of recurrent nocturnal cough, nasal polyp, dermatitis and bronchial asthma.

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