

below 90% than other environmental interventions for preterm infants.

Conclusion: These results suggest that the prone position might be the best position for facilitating sleep and reducing stress for preterm infants. Providing an environment that controls noise and light and decreases infant handling may best support the infant's emerging organization, and foster growth and development.

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WHEEZING AT CHILDREN AGE UP TO TWO YEARS OF AGE

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Introduction: Episode wheezing and cough is very common even in children who do not have asthma and particularly in those under age two. At this age causes are many, most commonly bronchiolitis and asthma.

Objective: To show frequency of wheezing at children age 2 years or less with and without atopy, diagnosed by private pediatric practice.

Methods: Viral etiology and atopy were probed by retrospective analyzes at 170 children age 2 years or less which reported at private primary health care institution for treatment of wheezing.

Results: 170 children were diagnosed with wheezing. Whith fever were 89 (52,3%), no fever 81 (47,6%). Laboratory analyzes (CRP, Le) are done in 39 (22,9%) and were normal. All children had sO₂ over 94%. Out of total number of patients 101 (59,4%) were atopic. We had 38 (22,3%) children with atopy and fever, atopy without fever was observed in 57 (33,5%) children. Fever without atopy were 36 (21,1%) of which during the period november-april 27 (75%) and april-november 9 (25%).

Conclusion: Children less then 2 years of age reporting to primary pediatric health care for treatment of wheezing are mostly without fever and with atopy. At children without atopy, wheezing is usually accompanied with fever during the viral infections season.

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RELATIONSHIP BETWEEN SELF-REPORTED AND OBJECTIVELY MEASURED ADHERENCE TO INHALED CORTICOSTEROIDS IN U.S. INNER-CITY CHILDREN WITH PERSISTENT ASTHMA

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Background and aims: Poor adherence to inhaled corticosteroids (ICS) has been implicated as one of the major contributors to asthma morbidity in US inner-city children. The aim of this study was to determine the relationship between self-reported and objectively measured ICS adherence in inner-city children with persistent asthma.

Methods: A prospective observational study of 2-9 year-old children with persistent asthma currently prescribed ICS in the Bronx, NY. Subjects received a marked ICS inhaler at enrollment to be collected one month later. Parental self-reported adherence was measured with a validated 10-item survey. One month post-enrollment, ICS adherence was calculated using a dose counter, an objective measure of adherence. Adherence $\geq 75\%$ was defined as good. We used Spearman correlation analysis to measure the relationship between self-reported and objectively measured adherence.

Results: A total of 33 children (mean age 6 (SD 2), 58% male, 52% Hispanic) participated. Overall, 76% of parents stated that they "often" or "always" give ICS pump only when their child needs it, and 36% sometimes forget to administer it. Self-reported ICS adherence was high: 85% of parents reported that they give ICS to their child exactly as the label says. Objectively measured ICS adherence was poor (mean 48%, range 2%-100%). We found no correlation between two adherence measures (Spearman's rho .004, p=.986).

Conclusions: Our findings suggest a discrepancy between self-reported ICS adherence and adherence measured objectively using a dose counter. These results may have implications for physicians who often rely on self-reported adherence in caring for patients with asthma.