of children with AS had atopic dermatitis. Allergic conjunctivitis was associated with AS in 20% of the children who participated in the study, and 33% of children with AR had AC as well.

Conclusion: AR, AC, and eczema are in comorbidity with asthma and it is necessary to identify and treat them on time, so that better control of asthma is achieved. Our study shows that both AS and AR coexist in high frequency, which points out the relationship between upper and lower airways. Therefore, potential concept of associated airway diseases should be considered.

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CLINICAL AND ECONOMIC IMPACT OF A PARTIALLY HYDROLYZED FORMULA IN THE PREVENTION OF ATOPIC DERMATITIS IN FRENCH CHILDREN

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Background and aims: A pharmacoeconomic analysis was performed to determine costs and consequences of NIDAL EXCEL HA, a specific brand of partially hydrolyzed formula (PHF), in the prevention of atopic dermatitis (AD) in “at risk” children when compared to standard cow’s milk formula (CMF) in France. A secondary analysis was undertaken in comparison to extensively hydrolyzed formula (EHF) although this latter is not officially indicated in prevention.

Methods: An economic model depicting AD treatment pathways, as well as resource utilization and associated costs, analysed the use of PHF in healthy yet “at risk” French newborns who were not exclusively breastfed. Inputs were gathered from the literature, official formularies and expert opinion for a 12-month time horizon, including six months formula consumption by newborns. The treatment pathways included dietary management approach (formula change), medical treatment approach (corticosteroid use) and a combination thereof. The final outcome was the expected incremental cost per avoided AD case for PHF in comparison to other formulas.

Results: For the 2009 birth cohort, 7,120 AD cases would be avoided by selecting PHF over CMF, with formula costs of € 76.5 million and € 67.9 million, respectively, resulting for society in € 1,210 per avoided case by PHF. PHF demonstrated cost savings when compared to EHF (approximately € 50 million) due to similar efficacy in preventing AD and lower cost.

Conclusions: PHF appears to be the product best positioned in prevention at a reasonable cost when compared to CMF and with a cost saving when compared to EHF.

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CLINICAL AND ECONOMIC IMPACT OF A PARTIALLY HYDROLYZED FORMULA IN THE PREVENTION OF ATOPIC DERMATITIS IN SPANISH CHILDREN

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Background and aims: The costs and consequences of NIDAL EXCEL HA, a specific brand of partially hydrolyzed formula (PHF), were determined in the prevention of atopic dermatitis (AD) for “at risk” children when compared to standard cow’s milk formula (CMF) in Spain. Although extensively hydrolyzed formula (EHF) is not officially indicated in prevention, a secondary analysis compared PHF to EHF.

Methods: The treatment pathways of AD, as well as resource utilization and associated costs, were synthesized into an economic model analysing the use of PHF in healthy yet “at risk” Spanish newborns who were not exclusively breastfed. Inputs were obtained from the literature, official formularies and expert opinion for a 12-month time horizon, with an initial six months of formula consumption. Treatment pathways included dietary management approach (formula change), medical treatment approach (corticosteroid use) and a combination thereof. The final outcome was the expected incremental cost per avoided AD case for PHF vs. the other formulas.

Results: For the 2009 birth cohort, 4,216 AD cases would be avoided by selecting PHF over CMF, with respective formula costs of € 34.3 million and € 32.2 million, resulting in € 504 in costs for society per avoided case by PHF. Due to similar efficacy in preventing AD and a lower cost, PHF demonstrated cost savings when compared to EHF (approximately € 16 million).

Conclusions: PHF appears to be best positioned at preventing AD symptoms at a reasonable cost when compared to CMF and with a cost saving when compared to EHF.

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PARENTS MISCONCEPTION ABOUT CHILDHOOD ASTHMA AND ITS ASSOCIATION WITH THEIR POOR ADHERENCE TO INHALED MEDICATIONS

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Background: Misconceptions about asthma are an important problem of childhood asthma management. This study evaluated the association of parental misconceptions about the asthma with their adherence to treatment of their children.

Method: Subjects were all children (2-14 years) with acute asthma attack attending to an out patient asthma clinic, Urmia, Iran. The adherence of the parents who denied, cried, or extremely excited to asthma diagnosis of their children compared with another group of parents that they had normal reactions.

Result: In 14 months, since March, 2008, 165 patients fulfilled the study criteria. The case group included 42 (25.5%) children that their parents demonstrated extra ordinary reaction to 'asthma' diagnosis of their children and the rest of subjects (123) selected for the control group. Acceptance and continuation of inhaled medication were different in the two study groups. In the control group 114 patients (92.7%) and in the case group 21 patients (50%) accepted to use inhaled medications ($p < 0.0001$). After two weeks, 17 (41%) patients of the case group and 111 of (90%) of the control group attended to control of their disease ($p < 0.0001$). In the next 3 months 95 of 111 children (85.6%) of control group attended regularly in the clinic and followed treatment planning. The adherence of the case group was poor and only 10 of 17 (58.8%)

patients followed the treatment guideline ($p < 0.0001$).

Conclusion: In the management of asthmatic children with parental misconceptions they should be considered as a high risk group of patients with special attention.

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ASTHMA AND ATOPIC DERMATITIS ASSOCIATION IN CHILDREN AND ADOLESCENCE

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Introduction: Asthma, as the most common chronic disease in childhood, is associated with atopic dermatitis(AD).Children with asthma often have personal or family evidence of AD presence.

Aim: The main goal of this article is to emphasize AD frequency in asthmatic children comparing with children without asthma.At the same time, a family frequency of AD in asthmatic and nonasthmatic children were investigated too.

Material and methods: Two hundred children aged from 7 to 17 years old were investigated. The first group had 100 cases with asthma(50% females and 50% males) and second group with the same number of nonasthmatic children(50% females and 50% males). Children in both groups belong to the region of city Zrenjanin. All the data was gathered after retrospective analysis based on medical evidence.Asthma was diagnosed under criteria of GINA.

Results: Asthmatic children had AD in 52% cases(56% females, 44% males) comparing to only 8% cases who have AD in nonasthmatic group and with significantly more ratio($p < 0,001$).

Evidence of familiar presence of AD in asthmatic group had 56% of children comparing to 6% in nonasthmatic group ($p < 0,01$).

Conclusion: Results of this review show significant comorbidity between AD and asthma in childhood and adolescence. Families of asthmatic children have AD more frequently comparing to families of nonasthmatic children.