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.