



LETTER TO THE EDITOR

Response letter to the article published in *Anales de Pediatría*: «School children with chronic diseases; what are teachers worried about?» Let's not forget asthma!



Carta de respuesta al artículo publicado en *Anales de Pediatría*: «Escolares con enfermedades crónicas, ¿qué les preocupa a sus profesores?». ¡No nos olvidemos del asma!

Dear Editor,

The perusal of the interesting article recently published in ANALES DE PEDIATRÍA, "School children with chronic diseases; what are teachers worried about?",¹ has inspired some reflections that we would like to share.

First of all, we want to thank and congratulate the authors for their work. Their study brings to light the fears, insecurities and challenges that teachers experience when they face complex situations, such as acute decompensations of chronic diseases. Children with chronic disease must be enrolled in school and have a lifestyle allowing learning, integration and forming relationships with peers. To this end, schools and faculty must be prepared and have the necessary resources (human, material and educational) to achieve these goals, safeguarding the safety and wellbeing of these students. In this regard, as the authors mention, joint strategies must be developed between schools and health care facilities.

As members of the Working Group on Asthma and Education of the Sociedad Española de Neumología Pediátrica (Spanish Society of Paediatric Pulmonology), we could not help but be surprised by the fact that asthma was not addressed in this study. In Spain, asthma is the most frequent chronic disease in the paediatric population, with a prevalence of approximately 10% and an incidence on the rise.² As the authors noted, there is no questioning the relevance, in quantitative and qualitative terms, of decompensations in children with epilepsy, diabetes or anaphylactic shock.¹ But we want to remind the readers that children with asthma, which is frequently mild, can

also experience potentially severe exacerbations, attacks or decompensations. In addition, the physical activity carried out in the school setting, which is unquestionably beneficial, can also trigger attacks if it is not undertaken with appropriate caution. An asthma exacerbation requires immediate care, and failure to provide it can lead to respiratory failure and a life-threatening situation.

As the authors found in their study in relation to epilepsy or diabetes, several other studies have evinced the lack of knowledge of primary education teachers of asthma (recognition of its symptoms and triggers and how to manage an exacerbation).³ There is also evidence that asthma education interventions delivered in the school setting not only improve the knowledge of asthma in teachers, but also asthma control and quality of life in children with asthma.⁴

We agree with the authors on the need to implement educational programmes for teachers on chronic diseases and their potential acute decompensations. The involvement of schools, the competent administrations and the health care providers that care for children with asthma is crucial. We believe that asthma should always be covered in any school-based health care services or health education programme.

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