

Relative body mass index as a new tool for nutritional status assessment in children and adolescents with bronchial asthma

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Abstract

© 2017, Nizhny Novgorod State Medical Academy. All rights reserved. The aim of the investigation was to estimate the possibilities of using relative body mass index (RBMI) for determining age- and gender-specific aspects of nutritional status in children and adolescents with bronchial asthma (BA) of different severity degrees. Materials and Methods. The study involved 887 children and adolescents with BA of different severities, aged 5–17 years (61–215 months), of them 655 were boys. Their body mass index (BMI) was evaluated based on the Z-score criterion and nutritional status was determined as recommended by the World Health Organization (WHO). To unify nutritional status assessment in patients of different age and gender groups, there was introduced RBMI representing the ratio of the patient's BMI to gender- and age-specific median BMI value presented in the WHO reference data. Results. Nutritional status and its relation to BA were studied in children and adolescents using two parameters: the standard nutritional status indicator based on BMI Z-scores as recommended by WHO, and a new parameter, RBMI, representing the ratio of the patient's BMI to gender- and age-specific median BMI value recommended by WHO. No significant nutritional status differences were found in the studied sample of patients with various degrees of BA severity. There was revealed a tendency to a decrease in the proportion of children with normal body weight and an increase in the proportion of overweight children as BA severity increased, $\chi^2=26.82$; $p=0.08$. Conclusion. Using RBMI for assessment of BA patients makes it possible to significantly facilitate clinical data analysis and obtain new data unavailable when standard parameters are applied.

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Keywords

Body mass index, Bronchial asthma, Nutritional status of children, Obesity in asthma, Relative body mass index

References

- [1] GINA. Global Strategy for asthma management and prevention. 2016.
- [2] Rabe K.F., Adachi M., Lai C.K., Soriano J.B., Vermeire P.A., Weiss K.B., Weiss S.T. Worldwide severity and control of asthma in children and adults: the global asthma insights and reality surveys. *J Allergy Clin Immunol* 2004; 114(1): 40–47, <https://doi.org/10.1016/j.jaci.2004.04.042>.

- [3] Eliseeva T.I., Balabolkin I.I. Modern technologies of bronchial asthma control in children (review). Sovremennye tehnologii v medicine 2015; 7(2): 168-184, <https://doi.org/10.17691/stm2015.7.2.21>.
- [4] Braido F., Brusselle G., Guastalla D., Ingrassia E., Nicolini G., Price D., Roche N., Soriano J.B., Worth H. Determinants and impact of suboptimal asthma control in Europe: The International Cross-Sectional and Longitudinal Assessment on Asthma Control (LIAISON) study. Respir Res 2016; 17(1): 51, <https://doi.org/10.1186/s12931-016-0374-z>.
- [5] Krasilnikova S.V., Eliseeva T.I., Shakhov A.V., Prakhov A.V., Balabolkin I.I. Video endoscopic method of estimation state of nasal and pharyngonasal cavity in children with bronchial asthma. Sovremennye tehnologii v medicine 2012; 3: 41-45.
- [6] Sheehan W.J., Phipatanakul W. Difficult-to-control asthma: epidemiology and its link with environmental factors. Curr Opin Allergy Clin Immunol 2015; 15(5): 397-401, <https://doi.org/10.1097/aci.0000000000000195>.
- [7] Schatz M., Zeiger R.S., Zhang F., Chen W., Yang S.J., Camargo C.A., Jr. Overweight/obesity and risk of seasonal asthma exacerbations. J Allergy Clin Immunol Pract 2013; 1(6): 618-622, <https://doi.org/10.1016/j.jaip.2013.07.009>.
- [8] Weinmayr G., Forastiere F., Büchele G., Jaensch A., Strachan D.P., Nagel G.; ISAAC Phase Two Study Group. Overweight/obesity and respiratory and allergic disease in children: international study of asthma and allergies in childhood (ISAAC) phase two. PLoS One 2014; 9(12): e113996, <https://doi.org/10.1371/journal.pone.0113996>.
- [9] WHO. Obesity and overweight. Informatsionnyy byulleten' 2016. URL: www.who.int/mediacentre/factsheets/fs311/ru/.
- [10] Dedov I.I., Mel'nichenko G.A., Butrova S.A., Savel'eva L.V., Bodaveli O.V., Buydina T.A., Vikhareva M.V., Vorob'eva V.A., Esayan R.M., Zaykova I.O., Kamshilova K.A., Kiseleva N.G., Kovarenko M.A., Mikhaylova E.G., Oorzhak U.S., Panfilova V.N., P'yankova E.Yu., Smetanina S.A., Sergeeva N.E., Suplotova L.A., Tarunushenko T.E., Kharitonova N.E., Chebotnikova T.V., Chernyak I.Yu., Shalennaya I.G., Yanovskaya M.E. Obesity among teenagers in Russia. Ozhirenie i metabolizm 2006; 4: 30-34.
- [11] Ahmedova R.M., Sofronova L.V., Trefilov R.N. Prevalence and gender characteristics of obesity in adolescents in the city of Perm. Voprosy sovremennoy pediatrii 2014; 13(5): 37-41.
- [12] Beuther D.A. Obesity and asthma. Clin Chest Med 2009; 30(3): 479-488, <https://doi.org/10.1016/j.ccm.2009.05.002>.
- [13] Liu Y., Pleasants R.A., Croft J.B., Lugogo N., Ohar J., Heidari K., Strange C., Wheaton A.G., Mannino D.M., Kraft M. Body mass index, respiratory conditions, asthma, and chronic obstructive pulmonary disease. Respir Med 2015; 109(7): 851-859, <https://doi.org/10.1016/j.rmed.2015.05.006>.
- [14] Bibi H., Shoseyov D., Feigenbaum D., Genis M., Friger M., Peled R., Sharff S. The relationship between asthma and obesity in children: is it real or a case of over diagnosis? J Asthma 2004; 41(4): 403-410.
- [15] Liu P.C., Kieckhefer G.M., Gau B.S. A systematic review of the association between obesity and asthma in children. J Adv Nurs 2013; 69(7): 1446-1465, <https://doi.org/10.1111/jan.12129>.
- [16] Cassol V.E., Rizzato T.M., Teche S.P., Basso D.F., Centenaro D.F., Maldonado M., Moraes E.Z., Hirakata V.N., Solé D., Menna-Barreto S.S. Obesity and its relationship with asthma prevalence and severity in adolescents from southern Brazil. J Asthma 2006; 43(1): 57-60, <https://doi.org/10.1080/02770900500448597>.
- [17] Michelson P.H., Williams L.W., Benjamin D.K., Barnato A.E. Obesity, inflammation, and asthma severity in childhood: data from the National Health and Nutrition Examination Survey 2001-2004. Ann Allergy Asthma Immunol 2009; 103(5): 381-385, [https://doi.org/10.1016/s1081-1206\(10\)60356-0](https://doi.org/10.1016/s1081-1206(10)60356-0).
- [18] Forno E., Acosta-Pérez E., Brehm J.M., Han Y.Y., Alvarez M., Colón-Semidey A., Canino G., Celedón J.C. Obesity and adiposity indicators, asthma, and atopy in Puerto Rican children. J Allergy Clin Immunol 2014; 133(5): 1308-1314.e5, <https://doi.org/10.1016/j.jaci.2013.09.041>.
- [19] Ford E.S. The epidemiology of obesity and asthma. J Allergy Clin Immunol 2005; 115(5): 897-909, <https://doi.org/10.1016/j.jaci.2004.11.050>.
- [20] Dixon A.E., Shade D.M., Cohen R.I., Skloot G.S., Holbrook J.T., Smith L.J., Lima J.J., Allayee H., Irvin C.G., Wise R.A. Effect of obesity on clinical presentation and response to treatment in asthma. J Asthma 2006; 43(7): 553-558, <https://doi.org/10.1080/02770900600859123>.
- [21] Ginde A.A., Santillan A.A., Clark S., Camargo C.A. Jr.. Body mass index and acute asthma severity among children presenting to the emergency department. Pediatr Allergy Immunol 2010; 21(3): 480-488, <https://doi.org/10.1111/j.1399-3038.2009.00911.x>.
- [22] Willeboordse M., Kant K.D., Tan F.E., Mulders S., Schellings J., Crijns Y., Ploeg L., van Schayck C.P., Dompeling E. A multifactorial weight reduction programme for children with overweight and asthma: a randomized controlled trial. PLoS One 2016; 11(6): e0157158, <https://doi.org/10.1371/journal.pone.0157158>.
- [23] Pechkurov D.V., Voronina E.N., Poretskova G.Yu. Features of physical development, eating behavior and quality of life of children with bronchial asthma. Prakticheskaya meditsina 2013; 6(75): 122-126.
- [24] GINA. Global Strategy for Asthma Management and Prevention. 2006.
- [25] GINA. Global Strategy for Asthma Management and Prevention. 2007.

- [26] GINA. Global Strategy for Asthma Management and Prevention. Global Initiative for Asthma (GINA). 2011.
- [27] Mai X.M., Nilsson L., Axelson O., Bråbäck L., Sandin A., Kjellman N.I., Björkstén B. High body mass index, asthma and allergy in Swedish schoolchildren participating in the International Study of Asthma and Allergies in Childhood: Phase II. *Acta Paediatr* 2003; 92(10): 1144-1148, <https://doi.org/10.1080/08035250310005666>.
- [28] Joseph C.L., Havstad S.L., Ownby D.R., Zoratti E., Peterson E.L., Stringer S., Johnson C.C. Gender differences in the association of overweight and asthma morbidity among urban adolescents with asthma. *Pediatr Allergy Immunol* 2009; 20(4): 362-369, <https://doi.org/10.1111/j.1399-3038.2008.00803.x>.
- [29] Chinn S. Obesity and asthma. *Paediatr Respir Rev* 2006; 7(3): 223-228, <https://doi.org/10.1016/j.prrv.2006.04.007>.
- [30] Maniscalco M., Paris D., Melck D.J., D'Amato M., Zedda A., Sofia M., Stellato C., Motta A. Coexistence of obesity and asthma determines a distinct respiratory metabolic phenotype. *J Allergy Clin Immunol* 2016, <https://doi.org/10.1016/j.jaci.2016.08.038>.
- [31] Eliseeva T.I., Knyazeva E.V., Bochkova Y.S., Kononova S.V., Geppe N.A., Balabolkin I.I. Spirographic parameters and their change in bronchial patency variability tests in control level assessment of bronchial asthma in children. *Sovremennye tehnologii v medicine* 2013; 5(4): 94-101.
- [32] Eliseeva T.I., Kulpina Yu. S., Soodaeva S.K., Kubysheva N.I. Content of the nitrogen oxide metabolites in a condensate of exhaling air in children with a bronchial asthma control different level. *Sovremennye tehnologii v medicine* 2010; 4: 42-47.
- [33] Eliseeva T.I., Knyazeva E.V., Geppe N.A., Balabolkin I.I. The relationship of spirographic parameters and bronchial responsiveness with asthma control level in children (according to ACQ-5 and ACT-C Data). *Sovremennye tehnologii v medicine* 2013; 5(2): 47-52.