Introduction

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Over the last decade research into asthma has grown and given rise to remarkable breakthroughs in the understanding of its epidemiology, molecular and cellular biology, and its overall effect on the quality of life of patients. This, in turn, has led to improvements in the treatment of asthma.

National and international guidelines on the management and treatment of asthma have multiplied.[1 2] Several therapeutic strategies and management disciplines have been agreed and established for both adults and children. Interesting research has also been undertaken into asthma in infancy, which suggests a close relationship between decreased lung function, wheezing, and the development of asthma at a later stage.[3] However, there is a group of asthmatic patients who have somehow been neglected – these are adolescents. This lack of attention may not have a single cause but may have occurred as a result of a combination of factors.

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Firstly, there is a belief among general practitioners and paediatricians that children grow out of asthma. The notion that asthma in children disappears by puberty is commonplace in many countries and parents and teachers may be told that the prognosis for their children's disease is very positive. For the asthmatic child puberty is associated with an "earthly paradise", the "happy ending to the long and arduous journey of the preceding years". It might be concluded from this that asthma is not a prevalent disease in adolescence.

A second consideration is the fact that the asthmatic adolescent has not been the subject of attention in terms of medical care, largely because adolescence is regarded as a "no-man's land". Adolescents are a distinct group of patients who may not fall under the care of paediatricians and yet are not adequately treated by physicians who treat adults. In addition, adolescents feel uneasy about paediatricians because they no longer consider themselves children and they may not yet have had the opportunity to gain confidence in other physicians. There might therefore be a need for a new specialist field called "Adolescence Medicine" to meet the many and varied health requirements of our adolescent population. There are still many aspects of adolescent asthma to be resolved – for example, it is known that the occurrence of asthma during adolescence is increasing[4] as it is in both children and adults.[5]

The adolescent sufferer of a chronic somatic disorder presents certain specific problems over and above those of healthy adolescents[6] including the painful realisation of social, professional, and relational barriers. The feeling of failure and helplessness, the impairment of self-esteem, and anger at being the victim of an unfair destiny, represent an extra burden for asthmatic adolescents and their families and lead to poor compliance with treatment, poor avoidance of asthma trigger factors, and reduced monitoring of their asthma compared with adult patients or the parents and teachers of younger children.[7] All these are contributing factors to an increased level of morbidity and mortality in this group of patients.

The treatment of adolescent asthmatic patients therefore requires a different approach[8] to factors such as smoking,[9] poor therapeutic compliance,[10] fear of corticosteroids, frequent dose regimens, the diversity of guidelines on the management of asthma, and the subjective perception of symptoms and lung function.[11]

These proceedings aim to clarify some of these questions with a view to providing a better understanding of asthma in adolescence. The proceedings summarise presentations on issues in adolescent asthma given by internationally recognised authorities at an afternoon symposium on "Issues in adolescent asthma" sponsored by Zeneca Pharmaceuticals at the European Congress of Allergology and Clinical Immunology on 25 June 1995.

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