

FOR IMMEDIATE RELEASE

Back-to-school can mean back to the doctor's office for kids with asthma

New Canadian study sheds light on reducing the risk of worsened asthma symptoms during the month of September

Montreal, Quebec - (September 6, 2007) – For the more than half million Canadian children who have asthma, September can be a difficult month. Every year during the back-to-school season, there is a significant spike in the number of children requiring hospital treatment as a result of asthma attacks.¹

Epidemics of asthma exacerbations requiring hospital treatment occur annually after school return after the summer vacation in both the Northern and Southern Hemispheres.¹ Approximately 20 to 25 per cent of annual hospital admissions for asthma of children in Canada occur in September.¹

“Return to school in September is a signal event at which time the epidemic begins, reaching its peak two and a half weeks later,” says Neil Johnston, an epidemiologist with the Firestone Institute for Respiratory Health in Hamilton, Ontario and also a co-investigator on a Canadian study just published this week in the peer-reviewed journal *Pediatrics* which looked at this phenomenon.

What causes the ‘September epidemic of asthma exacerbations’?

With the start of a new school year, children are in close contact with each other and exposed to viruses, like the common cold. In fact, colds are the most frequent asthma trigger in young children, and are associated with up to 85 per cent of asthma exacerbations.²

If a child is experiencing asthma symptom exacerbations, it may be a sign that underlying inflammation is not adequately controlled and that their maintenance or controller therapy (medications that keep symptoms and attacks from starting) should be reassessed.³

“Return to school in September is often a period of stress for children and their families and a time when allergen levels in the environment may be high. School classrooms often also contain allergens such as those from cats and moulds. When you put youngsters in a crowded classroom or school bus, and a few of them have colds, and may share food and drink it creates ideal conditions for rapid transmission of cold viruses and a “perfect storm” for kids with asthma,” says Johnston.

The latest research

The Attenuation of the September Epidemic of Asthma Exacerbations in Children study, just published in this month's issue of *Pediatrics* demonstrated that the addition of SINGULAIR® (montelukast sodium) to usual asthma treatment in September, more than halved the number of days that children experienced a worsening of their asthma symptoms during the September asthma epidemic period. Even more striking, those

given montelukast were four times less likely than those receiving placebo to require unscheduled medical interventions for asthma symptoms in September.

The randomized, double blind, placebo-controlled, 45 day study* compared the effect of adding montelukast sodium or placebo to current therapy in 194 children aged two to 14 years of age with diagnosed asthma. A magnet backed fridge calendar was used to record daily symptom data. The primary outcome was the percentage of days in which the child experienced a worsening of their asthma symptoms.

"Use of asthma control medications may often be at their lowest levels in September since some children with asthma often feel well over the summer months and will have stopped or reduced their medication. They are not well-protected to ride out the "perfect storm", comments Dr. Malcolm Sears, a respirologist with the Firestone Institute for Respiratory Health in Hamilton, Ontario and a co-investigator on the study.

"The study results show that the addition of montelukast to usual treatment makes a difference to these kids. It's additional asthma armor during the back-to-school season," says Sears.

About SINGULAIR®

SINGULAIR® (10 mg) is a non-steroidal medication. It is the world's first once-a-day leukotriene receptor antagonist and was discovered by Canadian scientists at the Merck Frosst Centre for Therapeutic Research in Montreal, Quebec.

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*Funded by an unrestricted medical school grant from Merck Frosst Canada Ltd. However, the study was conducted independent of Merck Frosst Canada Ltd. influence or involvement.

References

¹ Neil W. Johnston, MSc, Piush J. Mandhane, MD, Jennifer Dai, MSc, Joanne M. Duncan, BSc, Justina M. Greene, DipCompSys, Kim Lambert, RN, MSc, Malcolm R. Sears, MB, ChB Firestone Institute for Respiratory Health, St Joseph's Healthcare and McMaster University Department of Medicine, Hamilton, Ontario, Canada: Attenuation of the September Epidemic of Asthma Exacerbations in Children: A Randomized, Controlled Trial of Montelukast Added to Usual Therapy. *Pediatrics*. Vol. 120 No. 3 September 2007, pp. e702-e712.

² Johnston SL, Pattemore PK, Sanderson G, et al. Community study of role of viral infections in exacerbations of asthma in 9-11 year old children. *BMJ*. 1995;310:1225-1229.

³ <http://www.asthma.ca/adults/about/inflammatoryTriggers.php#viralInfections>