Minutes – Child Health working group

Meeting location	Park Plaza Hotel, Amsterdam Airport
Meeting date	22nd March 2018
Meeting time	14:00 to 15:00
Chair	Nikos Papadopoulos
Attendees	Sinthia Bosnic-Anticevich, Alexander Mathioudakis, Naomi Launders
Objective	• Provide an update on the current project-'Antibiotics in addition to usual care for the management of asthma exacerbations'. • Discussion of future project ideas

	Update on current projects **Evaluation the comparative effectiveness of adding antibiotics to usual care (oral steroids) for the management of asthma exacerbations.** ○ Results discussed. Need to continue to investigate the meaning. Need more intervention studies.
	Ideas for future projects to be discussed 1. **Bronchiolitis and asthma risk (marker of future asthma or cause of future asthma) in paediatrics.** ○ Evaluate bronchiolitis attributable to RSV. How will determine if RSV? Could look at seasonality. ○ Will bronchiolitis be coded in the OPCRD if been to hospital? Could look for wheeze in first year of life, but would include all sorts. ○ Could look for general respiratory problems and how they are characterized. Then look forwards to see if associated with asthma. When is the first time they code as asthma? Number of episodes of respiratory issues and whether that leads to asthma. How often do people code as wheeze in the first year of life before an asthma diagnosis? ○ Look at the definitions used in the preschool wheeze project. ○ Could look at the other direction – asthma cases and whether they have a history of wheeze. 2. **Adherence project** (PI Steve Turner). ○ But how do we know a patient's adherence? Is medical possession ratio good enough? Based on assumptions and using repeat prescriptions. Need to be sure of diagnosis and need. Talk to adherence working group. 3. **Severe asthma in paediatrics** ○ How to define severe asthma? Need to look at prescription data, exacerbations etc. Can't get round adherence issues – is it severe or uncontrolled? Are they "severe" because of poor adherence? Investigate whether severe asthma is a continuum of normal asthma or different disease. Age groups and milestones e.g. going to school may have an impact. 4. **Paediatric consensus statement**

	○ ICON paediatric asthma. EEACI, WAO etc all involved. At a contributors meeting it was agreed that it needs reviewing. Same questions as previously. Advocate for more attention to paediatric asthma, especially biologicals given the greater ability for disease modification. Advocate for studies. ○ There is a lack of published evidence. Is there enough for a systematic review? If not, move to expert consensus e.g. DELPHI. ○ Existing partners want to be involved, and talking to others. Try to get industry, regulators, physicians and patient associations involved, consider primary care as well. REG is a platform to lead it. Fits well with the real life approach. Several publications coming out of it – large list of questions. ○ Ideas for names - PEACE?
	New project ideas/ AOB ○ Rhinitis in kids. This is unlikely to be in primary care databases. Reliant on pharmacy data/parent questionnaire. Nikos has a questionnaire – it might be possible to add to that. Consider phenotypes of rhinitis – perennial, seasonal, infectious, allergic. Concept of the trigger and seasonality. **How to fund them and what are the priorities?** Bronchiolitis and RSV – several companies interested. Others are still early stage ideas.

Actions from WG meeting	Continue the work of the current antibiotics study Finalise the bronchiolitis and asthma proposal Liaise with partner organisations to begin work on the paediatric consensus statement