Research & Reviews: Journal of Nursing & Health Sciences

# Editorial Note on Childhood Asthma Disease

**Munni***

Department of Medical Area, University of Udine, Udine, Italy

## EDITORIAL

**Received date:** 03 February, 2022, Manuscript No. Jnhs- 22-55604; **Editor Assigned:** 05 February, 2022, PreQC No. P-55604; QC No. Q-55604; **Reviewed:** 17 February, 2022; **Revised:** 22 February, 2022, Manuscript No. R-55604; **Published:** 01 March, 2022; DOI: 10.4172/ JNHS.2022.8.10

***For Correspondence**

Munni, Department of Medical Area, University of Udine, Udine, Italy, E-mail: Munni @gmail.com

**Keywords:** Coughing, allergic, and shortness of breath

## Editorial

The most common chronic disease in children is asthma. Environmental exposure to specific particles and substances (also known as precursors) combined with a genetic predisposition have been identified as the main risk factors, resulting in airway irritation or allergic reactions. They are classified into two types: allergic and no allergic precursors.

No allergic precursors include phenomena such as cold air, physical exercise, or intense emotions such as fear, anger, and sadness. Allergic precursors include substances such as household allergens, pollen, and smoke exposure. No allergic precursors, according to the WHO, are more difficult to avoid and treat because they are unpredictable; for example, when a person experiences stressful situations, weather changes, intense emotions, as well as crying or laughing. Because these precursors cause the first symptoms of asthma by activating brain centres that control emotions and socialisation, special attention must be paid to the symptomatology in order to reduce the severity of the attack as quickly as possible.

Both of these precursors favour the onset of hyperventilation, hypercapnia, and bronchoconstriction via symptoms such as coughing, wheezing, chest tightness, and shortness of breath, causing the patient to experience a very unpleasant sensation of breathlessness. Children who develop these symptoms on a regular basis may experience daytime fatigue, insomnia, and increased school absenteeism. Furthermore, studies have shown that asthmatic children have a genetic vulnerability to behavioural disturbances, which can lead to cornification of symptoms, an increase in the frequency of asthmatic attacks, and sleep pattern disruptions.

Another factor to consider is that obesity and overweight in children with asthma have been shown to lead to impaired immunity due to vitamin D deficiency, increasing the risk of viral infections with reduced responses to inhaled corticosteroids, substances that form a large part of the treatment of paediatric asthma patients, so introducing a healthy lifestyle in this type of patient is essential[1-5].

In addition to the physiological effects of asthma, children may experience changes in personality traits, psychological and sociocultural factors, and overall quality of life. Asthma, according to psychologists and specialists in the field of psychosomatic diseases, is a major factor in the development of emotional, social, and economic difficulties. Other professionals, on the other hand, argue that it is the child's unexpressed internalising and externalising factors that cause the onset of asthma.

The externalising factor is defined by outwardly directed behaviours that affect and involve other people, sometimes deviating from society's established norms. This syndrome is characterised by inattention, aggression, delinquent behaviour, difficulties expressing conflict with others, and disobedience. The internalising factor, on the other hand, manifests in the child no adaptive behaviours that result in selfharm, as well as emotional disturbances such as depression, social withdrawal, anxiety, and somatic complaints without medical justification.

Asthma, according to the WHO, is the symbolic expression of a child's unconscious conflicts and repressed desires, which lead to pure anxiety, depression, poor school performance, affective problems, attention disorders, ADHD, sleep problems, and internalisation and externalisation problems. According to some theories, emotional and sociocultural factors can either maintain or cause childhood asthmatic pathology. As a result, it has become necessary to comprehend these factors and ascertain their dimensions and influence on the clinical setting, pathology evolution, and patient quality of life. The primary goal is to comprehend the impact of psychological and sociocultural factors on the quality of life of asthmatic children.[1-5]

However, the secondary goals are to identify the most common psychological and physiological changes associated with childhood asthma, to investigate whether school bullying compromises the mental health of asthmatic children and whether this problem influences asthmatic disease control, to determine whether lower socioeconomic status severely compromises the

health of children suffering from this psychosomatically based disease, and to determine whether there is a link between poor academic performance and poorer asthma management in children with asthma, and whether functional and dysfunctional family and social relationships influence the child's emotional and physiological response to chronic asthmatic disease.

## References

1. Nakagawa, R, Inoue Y, Ohki, T. Efficacy and short-term outcomes of preoperative chemoradiotherapy with intermittent oral tegafur-uracil plus leucovorin in Japanese rectal cancer patients: a single center experience retrospective analysis. World J Surg Onc. 2017 ; 15 : 112.
2. Tomoda H, et al. [Pyrimidine nucleoside phosphorylase activity, 5-fluorouracil concentration and thymidylate synthase inhibition rate in colorectal cancer after oral administration of 5'-doxifluridine]. Gan To Kagaku Ryoho. 1997 ;24:971-974.
3. Zheng JF, Wang HD. 5-Fluorouracil concentration in blood, liver and tumor tissues and apoptosis of tumor cells after preoperative oral 5'-deoxy-5-fluorouridine in patients with hepatocellular carcinoma. World J Gastroenterol.2005; 11:3944-3947.
4. Pucciarelli S, et al. Complete pathologic response following preoperative chemoradiation therapy for middle to lower rectal cancer is not a prognostic factor for a better outcome. Dis Colon Rectum. 2004;47:1798-1807.
5. Wiegering A. et al. Multimodal therapy in treatment of rectal cancer is associated with improved survival and reduced local recurrence - a retrospective analysis over two decades. BMC Cancer. 2014;814: 816.