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## LETTER TO THE EDITOR

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**Re: Gao Z, Rowe BH, Majaesic C, O'Hara C, Senthilselvan A. Prevalence of asthma and risk factors for asthma-like symptoms in Aboriginal and non-Aboriginal children in the northern territories of Canada. Can Respir J 2008;15:139-45.**

*To the Editor:*

Young Inuit and First Nations infants and children have been recognized for many years to have an increased incidence of severe viral lower respiratory tract infection. There has been limited information available as to whether this occurrence increases their long-term risk for chronic airway disease, such as asthma, or decreases it. The findings of Gao et al, showing that asthma (ever) is less prevalent in Aboriginal children than in non-Aboriginal children living in northern Canada, are therefore of considerable interest. These findings are consistent with the 'hygiene hypothesis', which suggests that frequent infections early in life shift the developing immune system toward a nonatopic state.

The study's findings that 'asthma-like symptoms', which included 'current wheeze', were more common in infants and preschoolers than in school-aged children, and that wheeze without health care professional-diagnosed asthma was more

common in Aboriginal children than in non-Aboriginal children, are more difficult to interpret. Research in the United Kingdom suggests that many individuals use the term 'wheeze' incorrectly, and will call 'rattly breathing' due to upper airway secretions a 'wheeze'. This misnomer may be even more of a problem in Aboriginal populations. In Inuktitut, for example, there does not appear to be a specific word for 'wheeze'. One word that may be used is *tiqivaluktuq*, which translates roughly to "a boiling sound coming from the chest", but other terms are probably used, depending on the Inuktitut dialect (personal communication: Ottawa Health Services Network Inc, Inuktitut translator; name withheld at personal request). Thus, the increased prevalence of 'wheezing' in young children and in young Aboriginal children may reflect higher frequencies of upper respiratory tract infections (causing nasal discharge and noisy, rattly breathing) in these populations, rather than true lower airway disease.

Sincerely,

Tom Kovesi MD  
Pediatric Respiriologist  
Children's Hospital of Eastern Ontario  
Ottawa, Ontario

