Definitions of Chronic Health Conditions in Childhood

To the Editor: In their Review, Dr van der Lee and colleagues1 found wide variability in the reported prevalence of chronic health conditions in childhood, largely a result of different definitions. Only 1 of the 64 articles included in the Review reported the percentage of children with more than 1 condition.2 Multimorbidity, the co-occurrence of multiple chronic conditions in 1 individual, is increasingly recognized as having a major effect on patient outcomes and health care costs, posing a significant challenge to current models of health care.3

Certain features of multimorbidity in children make it a very promising field for investigation. First, although the proportion of children and adolescents with more than 1 disease is lower than in adults and older patients, the number of those with 3 or more different diseases is also greater than would be expected due to chance alone, more so than for any other age group.4 Second, the mix of comorbid conditions in children and adolescents is very different from that of adults, more commonly including asthma and different types of allergic conditions.2 The natural history of these conditions includes recurrence or complete resolution; they therefore require a different management approach than diseases typically clustering in the elderly population. Third, multimorbidity in children and adolescents has the potential to predict subsequent multimorbidity in older ages, but this has not yet been investigated.

To better understand the life course of illness and to determine the utility of different concepts of “chronic,” more study of the natural history epidemiology of common diseases and their co-occurrence is needed. The article by van der Lee et al did not include definitions used by systems that characterize morbidity based on types of illnesses (eg, chronic, acute self-limited, acute but likely to recur). Such systems may become useful in characterizing morbidity burdens in both adults and children.5

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In Reply: In response to the comments of Dr Valderas and colleagues, the measurement of multimorbidity indeed poses a methodological challenge. Because the goal of our Review was to find definitions of chronic conditions in childhood, we restricted our search to the literature concerning “children” (aged 0-18 years). Thus, we did not include potentially important articles on this subject from the adult literature. Their comments, coming from a primary care research and development center, emphasize that there is a need for consensus on the definition of chronic health conditions in children and that the associated measurement methods should involve all relevant disciplines including general practice, internal medicine, rehabilitation medicine, and public health.

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Tobacco Use and Secondhand Smoke—A Tale of Two Societies

To the editor: Counseling patients on smoking cessation is a major component of primary care.

However, a recent analysis of tobacco control in China and the United States revealed a stark contrast in both funding and policy development.

In 2009, China spent $6 million on tobacco control, while the United States invested $3.5 billion.

Furthermore, the U.S. has a comprehensive network of tobacco control programs, whereas China’s efforts are largely concentrated in large cities.

In conclusion, while China’s tobacco control efforts are commendable, there is a need for increased investment and policy development to address this global public health issue.

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