LETTER TO THE EDITOR

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Comment on "Evaluation of treatment of the exacerbation of asthma and wheezing in a pediatric emergency department"

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Dear Editor,

A recent study entitled "Evaluation of treatment of the exacerbation of asthma and wheezing in a pediatric emergency department"[1] focused on how asthma exacerbations and wheezing are treated in a pediatric emergency department. The authors examined the treatment strategies used for children with conditions such as bronchodilators, corticosteroids, and other therapies. They observed how these interventions affected respiratory symptoms and overall well-being. However, there are some concerns that need further clarification.

First, the study[1] mainly analyzed the short-term outcomes such as the length of stay in the pediatric emergency unit. While this study provides valuable information about the initial response to treatment, it did not fully capture the long-term effects on patients and their overall prognosis. It is important to consider long-term outcomes[2-4] such as symptom resolution, quality of life over time, and the rate of disease exacerbation. This would give a more comprehensive understanding of the treatment's effectiveness and its impact on the well-being of pediatric patients. Additionally, it would be beneficial to evaluate the patients' prognosis and their response to treatment beyond the acute exacerbation episode. Factors such as disease control, recurrence rates, and functional outcomes should be assessed over a longer period such as 30 days, 6 months, or 1 year. This would provide valuable information about the interventions used in the pediatric emergency department and their long-term efficacy.

Second, a significant finding of this study[1] was the notable difference between the medications used in the pediatric emergency unit and those recommended by treatment guidelines. This raises concerns about the appropriateness and adherence to evidence-based practices in managing asthma exacerbations in children. Therefore, it is important to take into account the level of expertise of the treating physicians, as it may be associated with inconsistent medication usage. This aspect could help healthcare systems identify physicians who may require additional diagnostic and therapeutic training. Inadequate adherence to treatment guidelines and variations in clinical practice among healthcare professionals can affect the quality of care provided to patients. It is crucial to ensure that all physicians involved in managing asthma exacerbations must receive sufficient training and stay updated about the recent evidence-based practices. By assessing the correlation between physician expertise and medication practices, healthcare systems can identify areas where additional training or educational interventions are needed. This would contribute to standardizing care and improving patient outcomes in pediatric asthma management. Furthermore, examining the influence of physician characteristics, such as years of experience, specialty training, and ongoing professional development, could provide insights into the factors contributing to variations in treatment approaches. Identifying specific groups of physicians who may require additional support or training would be beneficial in optimizing care delivery and promoting best practices.

AUTHORS' CONTRIBUTIONS

XZ: Conceptualization, Investigation, Supervision, Writing – original draft, Writing – review & editing. **TZ:** Conceptualization, Investigation, Supervision, Writing – original draft, Writing – review & editing.

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