

Five Ways to Improve Patient Care and Research Using Information Resources

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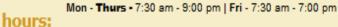


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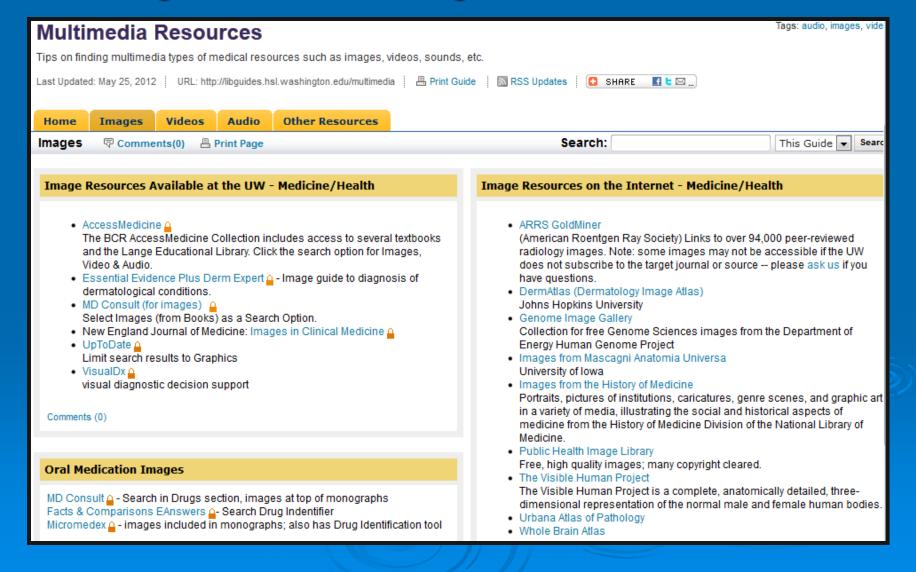
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J Allergy Clin Immunol. 2007 Jun;119(6):1438-44. Epub 2007 Mar 26.

Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years.

Almqvist C, Garden F, Xuan W, Mihrshahi S, Leeder SR, Oddy W, Webb K, Marks GB; CAPS team.

Woolcock Institute of Medical Research, Camperdown NSW, Australia. calmqvist@woolcock.org.au

Abstract

BACKGROUND: The Childhood Asthma Prevention Study was a randomized controlled trial conducted in children with a family history of asthma in whom omega-3 fatty acid supplementation and restriction of dietary omega-6 fatty acids did not prevent asthma, eczema, or atopy at age 5 years. OBJECTIVE: We sought to examine the relation of all measures of omega-3 and omega-6 polyunsaturated fatty acids with outcomes at age 5 years in the whole birth cohort, regardless of randomization group. METHODS: Plasma fatty acids were measured at 18 months, 3 years, and 5 years. Compliance with the fatty acid supplements was estimated every 6 months. Dietary intake was assessed at 18 months by means of weighed-food record and at 3 years by means of food-frequency questionnaire. At age 5 years, 516 children were examined for wheeze and eczema (questionnaire) and atopy (skin prick tests, n = 488). Multiple logistic regression was used to evaluate associations between exposures and outcomes. RESULTS: Plasma levels of omega-3 or omega-6 fatty acids were not associated with wheeze, eczema, or atopy at age 5 years (P = .11-.96). Overall, fatty acid exposure, measured as plasma levels, dietary intake, and compliance with supplements, was not associated with any respiratory or allergic outcomes (P = .35-.59). CONCLUSION: This observational analysis of the cohort, using the full range of observed variation in omega-3 and omega-6 fatty acid exposure, supports the negative findings of the randomized controlled trial. CLINICAL IMPLICATIONS: Modification of dietary polyunsaturated fatty acids in early childhood is not helpful in preventing atopy and asthma.

PMID: 17379291 [PubMed - indexed for MEDLINE]

- Publication Types, MeSH Terms, Substances



Related citations

Effect of omega 3 and omega 6 fatty acid intakes from diet and supplem [Asia Pac J Clin Nutr. 2008]

Effect of omega-3 fatty acid concentrations in plasma on sympto [Pediatr Allergy Immunol. 2004]

Prevention of asthma during the first 5 years of life: a randomized contro [J Allergy Clin Immunol. 2006]

Review N-3 polyunsaturated fatty acids and allergic disc [Curr Opin Clin Nutr Metab Care. 2004]

Review Treating asthma with omega-3 fatty acids: where is the [BMC Complement Altern Med. 2006]

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Diet and asthma: looking back, moving forward. [Respir Res. 2009]

Isoforms of vitamin E have opposing immunoregulatory functions durir [J Immunol. 2009]

Review Dietary factors and the development of asthma. [Immunol Allergy Clin North Am. 2008]

Environmental and occupational respiratory disorders

Omega-3 and omega-6 fatty acid exposure from early life does not affect atopy and asthma at age 5 years

Catarina Almqvist, MD, PhD, a,b,c Frances Garden, BAppSci,d Wei Xuan, MSc, PhD, Seema Mihrshahi, MPH, Steve R. Leeder, MD, PhD, Wendy Oddy, PhD, Karen Webb, MPH, PhD, and Guy B. Marks, MBBS, PhD, for the CAPS team Sydney and Perth,

Australia, and Stockholm, Sweden

Background: The Childhood Asthma Prevention Study was a randomized controlled trial conducted in children with a family history of asthma in whom omega-3 fatty acid supplementation and restriction of dietary omega-6 fatty acids did not prevent asthma, eczema, or atopy at age 5 years.

Objective: We sought to examine the relation of all measures of omega-3 and omega-6 polyunsaturated fatty acids with outcomes at age 5 years in the whole birth cohort, regardless of randomization group.

Methods: Plasma fatty acids were measured at 18 months, 3 years, and 5 years. Compliance with the fatty acid supplements was estimated every 6 months. Dietary intake was assessed at 18 months by means of weighed-food record and at 3 years by means of food-frequency questionnaire. At age 5 years, 516 children were examined for wheeze and eczema (questionnaire) and atopy (skin prick tests, n = 488). Multiple logistic regression was used to evaluate associations between exposures and outcomes.

Results: Plasma levels of omega-3 or omega-6 fatty acids were not associated with wheeze, eczema, or atopy at age 5 years (P = .11-.96). Overall, fatty acid exposure, measured as plasma

levels, dietary intake, and compliance with supplements, was not associated with any respiratory or allergic outcomes (P = .35-.59).

Conclusion: This observational analysis of the cohort, using the full range of observed variation in omega-3 and omega-6 fatty acid exposure, supports the negative findings of the randomized controlled trial.

Clinical implications: Modification of dietary polyunsaturated fatty acids in early childhood is not helpful in preventing atopy and asthma. (J Allergy Clin Immunol 2007;119:1438-44.)

Key words: Asthma, allergy and immunology, birth cohort, child, eczema, omega-3 fatty acids, omega-6 fatty acids, primary prevention

The recent increase in asthma and allergic diseases has partly been attributed to environmental changes, such as dietary intake of polyunsaturated fatty acids. Some observational and ecologic studies showed beneficial associations between dietary intake of oily fish, which is rich in omega-3 fatty acids, and asthma and allergic diseases in

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videos mentioned in this quide. To watch the instructional video clips (Watch Video), the Adobe Flash Player is required.

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Impact Factors

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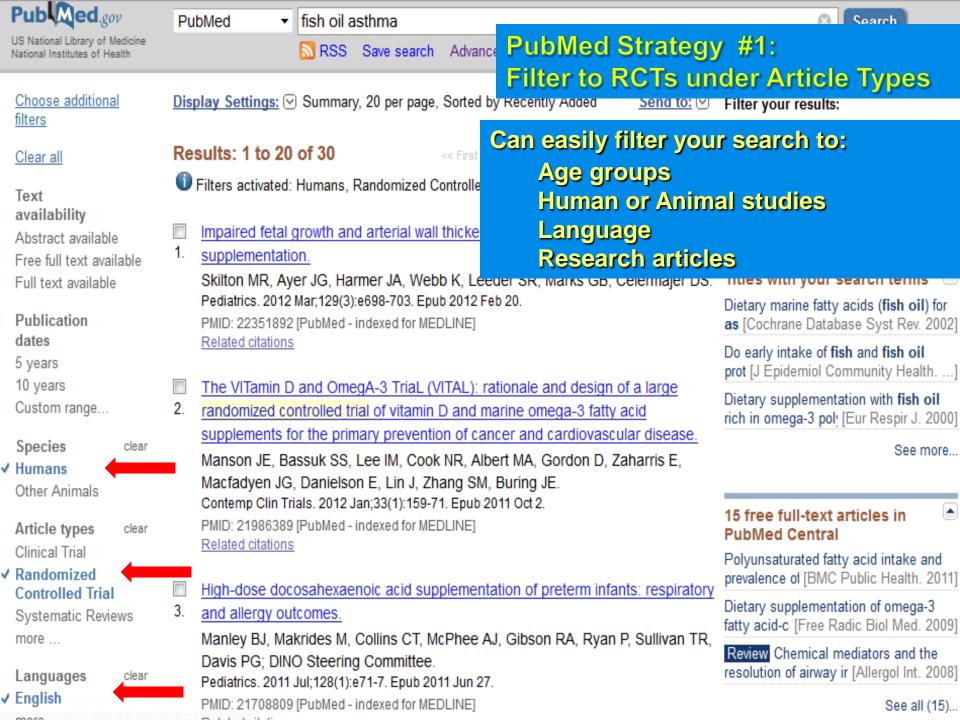
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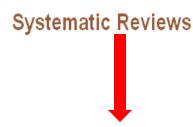
#2 Strategy: Clinical Queries link found on PubMed home page

Search

diet childhood obesity

Results of searches on this page are limited to specific clinical research areas. For comprehensive searches, use <u>PubMed</u> directly.

Clinical Study Categories Category: Therapy Scope: Narrow



Medical Genetics

Topic: All

Results: 5 of 68

The effects of a school-based intervention programme on dietary intakes and physical activity among primary-school children in Trinidad and Tobago. [Public Health Nutr. 2010]

Longitudinal intervention effects on parenting of the Aventuras para Niños study.

[Am J Prev Med. 2010]

Comparison of two diets of varying glycemic index on carotid subclinical atherosclerosis in obese children.

[Heart Vessels, 2009]

The Fun Families Study: intervention to reduce children's TV viewing.

[Obesity (Silver Spring), 2010]

Healthy Home Offerings via the Mealtime Environment (HOME): feasibility, acceptability, and outcomes of a pilot study. [Obesity (Silver Spring), 2010]

See all (68)

Results: 5 of 54

Systematic review of the effectiveness of weight management schemes for the under fives.

[Obes Rev. 2010]

Interventions to prevent obesity in 0-5 year olds: an updated systematic review of the literature.

[Obesity (Silver Spring), 2010]

Immersion treatment of childhood and adolescent obesity: the first review of a promising intervention.

[Obes Rev. 2010]

[The plan for prevention of obesity of ASL RMB, Italy]

[Ann lg. 2009]

Inappropriate bottle use: an early risk for overweight?
Literature review and pilot data for a bottle-weaning trial.

[Matern Child Nutr. 2010]

See all (54)

Results: 5 of 129

The obesity gene, TMEM18, is of ancient origin, found in majority of neuronal cells in all major brain regions and associated with obesity in severely [BMC Med Genet. 2010]

Childhood obesity and adult morbidities.

[Am J Clin Nutr. 2010]

Genetic variation within IL18 is associated with insulin levels, insulin resistance and postprandial measures.

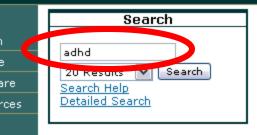
[Nutr Metab Cardiovasc Dis. 2010]

Early overnutrition results in early-onset arcuate leptin resistance and increased sensitivity to high-fat diet.

[Endocrinology, 2010]

Attenuation of obesity by early-life food restriction in genetically hyperphagic male OLETF rats: peripheral mechanisms. [Horm Behav. 2010]

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- Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity Pediatrics - Medical Specialty Society. 2000 May. 13 pages. NGC:001506
- Clinical practice guideline: treatment of the school-aged child with attention-deficit/hyperactivity d Pediatrics - Medical Specialty Society. 2001 Oct. 12 pages. NGC:002298
- Practice parameters for the assessment and treatment of children, adolescents, and adults with me mental disorders. American Academy of Child and Adolescent Psychiatry - Medical Specialty Societ

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RATING SCHEME: The validity of scientific findings was judged by design, sample selection and size, inclusion of comparison groups, generalizability, and agreement with other studies. METHODS TO ANALYZE EVIDENCE: VIEW MAJOR RECOMMENDATIONS: View Major Recommendations (AAP) Not applicable Systematic Review with Evidence Tables		DEVELOPER(S):	Adolescent Psychiatry - Medical	
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ANALYZE EVIDENCE: VIEW MAJOR RECOMMENDATIONS: View Major Recommendations View Major Recommendations		RATING SCHEME:	was judged by design, sample selection and size, inclusion of comparison groups, generalizability, and agreement	Not applicable
RECOMMENDATIONS:			Review	Systematic Review with Evidence Tables
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[Review] Dietary interventions for recurrent abdominal pain (RAP) in childhood

PDF (Size 340K)

- Abstract
- Synopsis
- Background
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- Criteria for considering studies for this review
 Search strategy for identification
- of studies

 Methods of the review
- Methods of the feview
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[Review]

Dietary interventions for recurrent abdominal pain (RAP) in childhood

A Huertas-Ceballos, C Macarthur, S Logan

The Cochrane Database of Systematic Reviews 2005 Issue 2

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DOI: 10.1002/14651858.CD003019 This version first published online: 22 April 2002 in Issue 2, 2002 Date of Most Recent Substantive Amendment: 26 February 2002

This record should be cited as: Huertas-Ceballos A, Macarthur C, Logan S. Dietary interventions for recurrent abdominal pain (RAP) in characteristics 2002, Issue 2. Art. No.: CD003019. DOI: 10.1002/14651858.CD003019.

Abstract

Background

Between 4% and 25% of school-age children complain of recurrent abdominal pain (RAP) of sufficient severity to interfere with daily active includes children with different aetiologies for their pain. For the majority of such children, no organic cause for their pain can be found or children are likely managed by reassurance and simple measures, a large range of interventions have been recommended.

Objectives

To determine the effectiveness of dietary interventions for recurrent abdominal pain in school-age children.

Search strategy

The Cochrane Library (CENTRAL), MEDLINE, EMBASE, CINAHL, ERIC, PsycINFO, LILACS and JICST were searched using a strategy of OR synonyms) AND (Pain OR synonyms). Where appropriate, search filters were employed. In addition, researchers working in this area

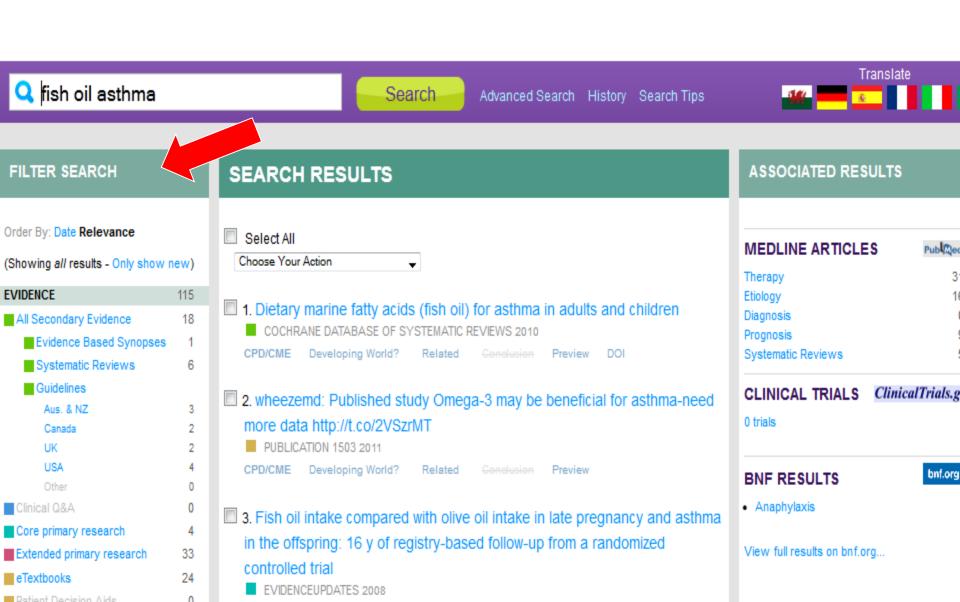
Selection criteria

Any study in which the majority of participants were school-age children fulfilling standard criteria for RAP, and who were allocated by ratreatment compared with a placebo or no treatment, were selected.

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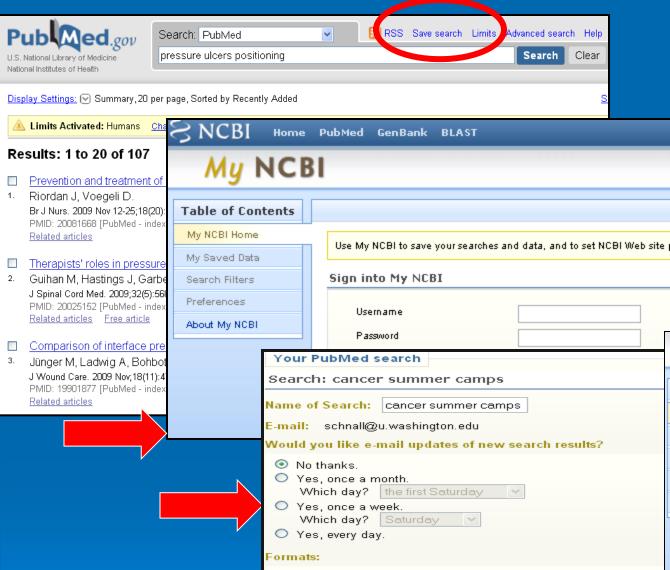
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