Pros and Cons

Is the prevalence of atopic dermatitis in Korean children still increasing?

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Atopic dermatitis (AD) is the most common skin disease in childhood. In phases I and III International Study of Asthma and Allergies in Children (ISAAC) study, the prevalence of eczema in children is increasing worldwide.[1,2] ISAAC Phase Three Study Group conducted many reports about the prevalence of AD.[3] It tried to reveal the risk factors which can influence the incidence or prevalence of AD in children such as UVR Exposure, urbanization, animal exposure, maternal smoking and so on.[4-7] However, the majority of the Phase Three field work was conducted during 2001-2003, and The ISAAC Program formally finished in December 2012.[3]

What is the pattern of change in the prevalence of AD in Korean children? Before answering, we should take a look at which data can be used to analyze the prevalence rate of AD. First, there are regional and national epidemiologic studies. In 1995, the Korean Academy of Pediatric Allergy and Respiratory Diseases operated the first nationwide, population-based, cross-sectional study on AD prevalence in Korean children with the ISAAC questionnaire.[8] Many Korean researchers have collected data on AD through cross-sectional or cohort studies. Second, there are several large national data sets on the change of the prevalence of AD. Such data include Korean National Health and Nutrition Examination Survey, the Korea Youth Risk Behavior Web-based Survey and the Korean National Health Insurance Service.

ISAAC study in Korea found the prevalence of AD in children and adolescents has increased from 1995 to 2010. the lifetime prevalence of itchy eczema (6-7 ages) and adolescents (12-13 ages) was 17.1% and 8.4% in 2000, respectively.[8] However, the rate increased to 27.0% and 19.6% in 2010, respectively.[8,9] Most pediatricians could not deny that the prevalence of atopic dermatitis increased until the 2000s. However, many data nowadays indicate the prevalence of AD is slightly increasing though some studies insisted the prevalence of AD is not increasing.[8,10] Although the prevalence does not rise as rapidly as in the 2000s, it is still rising because air pollutants such as PM, CO, and NO are more serious than past,[11] and because children have contacts to harmful substances such as bisphenol and phthalate more often.[12] It is avoid keep

children away from such harmful pollutants or substances while there are not many protective factors. Though several groups have reported the protective effect of breast feeding against development of AD,[13] it still remains unclear.[14,15]

Even though we were not able to confirm the prevalence is increasing, we shall establish systematic managements to decrease the prevalence of AD and to prevent AD. Further studies need to reveal the change of the prevalence of AD and the related factors to AD development.

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