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**IMPACT OF ALLERGIC RHINITIS ON WORK PRODUCTIVITY**

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**OBJECTIVES:** Patients with allergic rhinitis (AR) experience a multitude of symptoms that usually compromise some aspect of lifestyle and work productivity. METHODS: A questionnaire was developed and mailed to 2065 patients enrolled in a 500,000 member managed care organization. Patients were identified by diagnostic codes for AR as determined from a retro-examination of medical and prescription claims records from January 1, 2000 to December 31, 2000. A ten-point scale was used to assess the impact of allergy symptoms on work productivity adapted from the Allergy-Specific Work Productivity and Activity Impairment questionnaire. RESULTS: On average respondents (n = 577) reported one hour of work missed per week because of allergy symptoms (range = 0–32 hours). For patients seeing family physicians, 66 (55.0%) reported that either a blood or skin test was valuable during the process of allergy diagnosis, 82 (73.9%) for allergists, and 56 (65.1%) for self-managed patients who were previously tested. Chi-square and analysis of variance tests also revealed significant differences among three care groups (p < 0.05) for years with allergies, symptoms, family history, testing, immunotherapy, test value, and prescribed antihistamine use. Multiple linear regression analysis revealed that sleep, health-related quality of life (HRQoL), certain allergy symptoms and prescribed antihistamines were significantly related to work productivity. CONCLUSION: The ability of individuals with AR to engage in productive work is influenced by sleep, HRQoL, specific symptoms, and prescribed antihistamine use. Appropriate clinical evaluation and an accurate diagnosis using either or both specific IgE testing or skin testing is needed to develop a holistic approach for treatment.

**Socioeconomic Factors Related to Asthma Control in Children**

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**OBJECTIVES:** To determine the socioeconomic predictors of asthma control in children, as defined by the Canadian Pediatric Asthma Consensus Guidelines (CPACG). METHODS: A cross-sectional design was used to analyze data from a completed CIHR-funded study based on 879 children from seven sites in the Greater Toronto Area between 2000–2003. Children were aged 1 to 18 years with a documented diagnosis of asthma and a prescription for an asthma medication in the previous year. Multiple linear regressions were used to analyze asthma control based on six equally weighted control parameters (daytime symptoms, night-time symptoms, need for beta2-agonists, phys-