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Cockroach Allergy and Urban Asthma

Peyton A. Eggleston, MD

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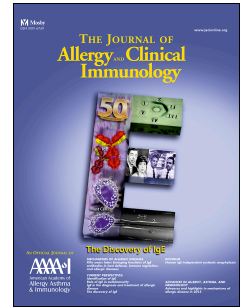
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Editorial

Cockroach Allergy and Urban Asthma

Peyton A. Eggleston, MD  
Professor Emeritus of Pediatrics  
Johns Hopkins University School of Medicine

Key Words: Asthma, Allergy, Cockroach, Environmental Control

10 The article in this month's Journal by Rabito and colleagues (1) provides evidence that cockroach  
11 extermination can be accomplished in urban homes and that cockroach numbers can be reduced for a  
12 year. This finding is not new (2,3), but they also show that disease control in asthmatic children living in  
13 these homes is improved – and this is new. They emphasize that placing insecticidal baits in the home is  
14 statistically more effective than letting families pursue their own pest control; but the difference was  
15 surprisingly small and I would emphasize that both strategies led to a striking and prolonged reduction in  
16 cockroach infestation. Their most important finding is that this single intervention was associated with a  
17 statistically significant improvement in asthma morbidity. A post hoc analysis suggested that children  
18 who were sensitized to cockroach drove most of these changes.

19 These findings are both scientifically and practically important. Scientifically, the data strengthen the  
20 argument that indoor allergen exposure is causally related to asthma morbidity. In 1964 Austin Bradford  
21 Hill, an epidemiologist who had helped prove that cigarette smoking had serious health effects, proposed  
22 a set of criteria to prove that an association of an environmental exposure to disease is a causal  
23 relationship (4). Allergy to indoor environmental allergens has fulfilled many of these requirements.  
24 What has been missing (or unconvincing) is what Bradford Hill called "Experiment" – reducing exposure  
25 to an environmental stress reduces disease, or in our specific case, reducing exposure to indoor allergens  
26 reduces asthma morbidity. This is a critical gap that has made environmental control a low priority in the  
27 clinical setting: since medication provides an effective control of asthma morbidity - who needs to add  
28 another complex, questionably effective treatment?

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