

time awakenings, activity interference and PFTs. Significant SN-5 scoring was defined as ≥ 3.5 based on prior studies. PFT was performed in children ≥ 5 y. Statistical analysis with SPSS 22.

Summary of Results 76 children were evaluated; 38% female, mean age 6.9 y and mean BMI% 69%. Significant SN-5 score (≥ 3.5 vs. < 3.5) was associated with decreased control of daytime symptoms (OR 0.16 [95% CI:0.06–0.44]), night time awakenings (OR 0.09 [0.03–0.29]), activity interference (OR 0.2 [0.06–0.68]) and asthma control (OR 0.32 [0.12–0.85]). Those with SN-5 ≥ 3.5 had poor asthma control based on TRACK ($p < 0.002$) and ACT ($p < 0.001$). Age, gender, BMI%, asthma severity and PFTs were not associated with SN-5.

Conclusions In persistent asthmatic children, NAEPP defined daytime, night time, activity related impairment and poor asthma control were associated with a significant SN-5 score; PFTs and NAEPP asthma severity were not. This suggests that upper airways may play a larger role in lower airway associated symptoms, and that SN-5 may be beneficial in assessing asthma symptoms. Recognizing and treating upper airway symptoms, an understated area in asthma guidelines, might improve overall asthma control. A prospective analysis in a larger cohort is recommended to evaluate these findings.

MP9

SINO-NASAL 5 QUESTIONNAIRE PREDICTS POOR ASTHMA CONTROL IN CHILDREN WITH PERSISTENT ASTHMA

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Purpose of Study Up to 80% of asthmatic children may experience upper airway symptoms, including rhinitis, often perceived as coming from lower airways. Asthma diagnosis, classification and assessment of control are defined by the National Asthma Education Prevention Program (NAEPP) 2007 guidelines, but may understate the impact of the upper airway. We explored associations between Sino-Nasal 5 (SN-5) quality of life questionnaire, validated in radiographic confirmed sinus disease, and NAEPP asthma impairment in children. We hypothesize that children with NAEPP defined uncontrolled asthma will have abnormal SN-5 scores.

Methods Used We performed a retrospective chart review of children (1–21 yr) referred to a pediatric pulmonary clinic for persistent asthma. Data collected include age, gender, BMI%, NAEPP asthma severity, SN-5, asthma control (TRACK children < 5 y, ACT children ≥ 5 y) and pulmonary function testing (PFT). The primary analysis was to identify associations between SN-5 scores and levels of NAEPP guideline impairment: daytime symptoms, night