

Comment to “Bronchial asthma control degree and the temperament structure according to the Eysenck model”

Serdar Kalemci¹, Aydın Sarihan², Nihat Taşdemir³, Arife Zeybek⁴

¹Department of Chest Diseases, Medical Park Gebze Hospital, Kocaeli, Turkey

²Department of Emergency Medicine, Manisa City Hospital, Manisa, Turkey

³Department of Radiology, Medical Park Gebze Hospital, Kocaeli, Turkey

⁴Department of Chest Surgery, School of Medicine, Muğla Sıtkı Koçman University, Muğla, Turkey

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We have read with great interest the article recently published by Witusik *et al.* entitled “Bronchial asthma control degree and the temperament structure according to the Eysenck model” [1].

In this study, we would like to point to some important issues. The authors of this study have suggested that the structure of temperament of a person with poor control of bronchial asthma can be characterized. The correct use of the inhaled drugs, the patient-physician cooperation and the patient compliance are crucial points in success of the asthma treatment. The controls ensure that the patient uses the inhaled drugs correctly. Inappropriate use of the inhaled drugs is the most important reason for failure in asthma treatment [2]. In this study, we did not see any information relevant to the evaluation of inhaled drug use of the patients. Gastroesophageal reflux (GER) may provoke coughing and wheezing and also may increase the symptoms in patients. When compared with the general population, GER is three times more common in patients with asthma. Reflux should be considered even though there are no typical complaints

of reflux in patients with nocturnal symptoms and whose asthma is not under control [3]. The authors do not mention the presence of GER in the groups. In addition, pregnancy may have an adverse impact on asthma control [4]. Did you apply any questionnaire about pregnancy?

Conflict of interest

The authors declare no conflict of interest.

References

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Address for correspondence: Aydın Sarihan, Department of Emergency Medicine, Manisa City Hospital, 45506 Sehsadeler, Manisa, Turkey, phone: +90 544 8877117, e-mail: aydinsarihan@yahoo.com

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