

# Current tobacco smoke exposure doesn't obstruct peds airflow

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obstruction in the multivariate analysis with both exposures included as covariates (adjusted odds ratio, 1.07; 95 percent confidence interval, 0.94 to 1.21); there was no correlation in children with [asthma](#) or those without asthma. In children with asthma, [prenatal smoking](#) was associated with airflow obstruction (adjusted odds ratio, 2.51; 95 percent confidence interval, 1.08 to 5.79); there was no correlation for children without asthma (adjusted odds ratio, 1.08; 95 percent confidence interval, 0.53 to 2.18).

"Current TSE was not independently associated with airflow obstruction in school-aged children. Prenatal TSE was associated with [airflow obstruction](#) in children with asthma," the authors write. "Repeated studies into potential mediators and confounders of this relationship are needed."

**More information:** [Abstract/Full Text](#)

(HealthDay)—Current tobacco smoke exposure (TSE) is not associated with airflow obstruction among school-aged children, while prenatal smoking is associated with airflow obstruction in children with asthma, according to a study published in the March issue of *Chest*.

Stacey-Ann Whittaker Brown, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, and colleagues examined the correlation between current TSE and airflow obstruction while adjusting for self-reported prenatal TSE among children aged 6 to 11 years who participated in the National Health and Nutrition Examination Survey (2007 to 2012).

The researchers found that 9.6 percent of the 2,070 children had airflow obstruction. In an unadjusted analysis there was a significant correlation between cotinine levels and airflow obstruction (odds ratio, 1.12; 95 percent confidence interval, 1.02 to 1.23). Serum cotinine level was not significantly associated with airflow

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