

of wheezing/asthma in childhood, including behavioral factors, environmental factors, host immunological features and genetic factors. Large birth cohort studies evaluating viral infections and these factors in childhood could thus better elucidate the impact of viral infections on the development of wheezing/asthma. However, epidemiological studies only reveal an association, but not a causal relationship between some viral infections and the development of wheezing or asthma. Therefore, in the future, intervention trials with preventative intervention or therapies on a specific virus would be needed to clearly identify when and how clinicians should intervene in such viral infections to thereby prevent the development of wheezing or asthma.

CONCLUSION

Virus-induced wheezing is not only a burden in early childhood, but also may be one of causes or signs of childhood asthma. Therefore, clarifying the risk factors for virus-induced wheezing in epidemiological studies can and have provided clues about the pathogenesis of asthma. Further studies are needed to clarify which virus(es) in which population should be the major target of early intervention for preventing the subsequent development of asthma.

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気管支喘息に対する喘息死の予防や
自己管理手法の普及に関する研究

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