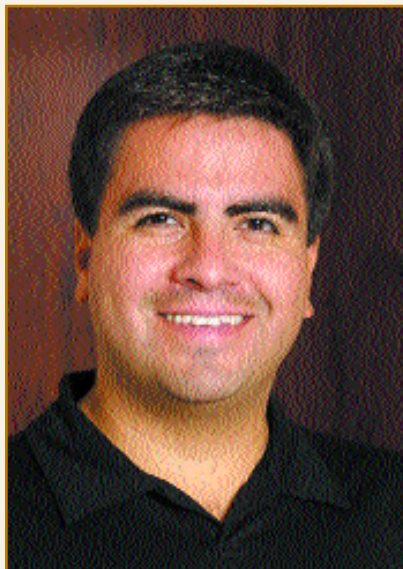


The Case of the Unusually High Asthma Rates

Alexander Ortega has an inquisitive mind. Like a modern-day Sherlock Holmes, he likes to sift through facts and ponder difficult questions. A clue here, a trail picked up there, and suddenly, the pieces of a tough puzzle all fall neatly into place. But Ortega isn't a detective—he's an assistant professor of epidemiology and public health at one of the country's most prestigious universities, Yale University in New Haven, Connecticut.



Ortega's work, however, involves seeing patterns that aren't obvious to most people. Right now, he's trying to uncover the mystery behind the sky-high rates of asthma in Puerto Rican children.

Puerto Rican children have the highest asthma rates of children anywhere, with 30 percent of kids on the island suffering from the disease. Eleven percent of children who are of Puerto Rican descent, but live in the United States, are also afflicted.

What Ortega wants to know—and hopes to find out—is whether those kids are truly suffering from asthma or whether some of them have been misdiagnosed.

“There is a strong association between anxiety disorders in children and asthma—more specifically, to panic disorders and separation anxiety,” he says. “The typical panic attack's symptoms are identical to the symptoms of an asthma attack: shortness of breath, chest tightness, and wheezing.”

Could it be that thousands of children are really suffering panic attacks or anxiety, but are being treated for asthma? If that's the case, Ortega worries that the underlying mental health problems in a generation of chil-

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dren aren't being treated—and, like a domino effect, their mental health problems could worsen with time and affect their own children and families.

But that isn't the only issue Ortega is trying to sort out. If, indeed, many Puerto Rican children are suffering from anxieties and not asthma, then why aren't doctors identifying the real problem?

One reason could be that poor children don't have equal access to quality medical care and that white children in general tend to get better treatment. "We know that Hispanic and black kids, particularly those who live in the inner city and are poor and on Medicaid, are much more likely to be seen by residents or non-board-certified pediatricians," Ortega reports. One question he hopes to examine is whether doctors seem more willing to report that a child has asthma if that child is black or Hispanic.

Ortega—who himself has seasonal allergies and "wheezes in April and May"—says that many people, upon hearing of his work, assume that he is also Puerto Rican. "Actually, I'm Mexican-American," he notes. Growing up, he crisscrossed the United States as a "military brat," living in Honolulu and New Mexico before attending the University of New Mexico to study economics and then the University of Michigan to receive his Ph.D. in epidemiology.

Ortega hopes to be on the move again soon: He is hoping to receive funding for a grant that would allow him to focus on 1,000 kids on the island of Puerto Rico in an intensive, three-year study. That will give him a chance to collect more clues as he keeps digging into the complicated issue of those unusually high asthma rates.