

Diagnostic terminology used for young children with recurrent lower respiratory illness in rural Greece, Kyrgyzstan and Uganda. A comparative FRESH AIR study

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Aim: This study compared the use of diagnostic terms for children under five years with recurrent lower respiratory tract illnesses in Greece, Kyrgyzstan and Uganda.

Method: Comparison of the diagnostic terminology identified in similar qualitative studies on perception and practices for young children with recurrent respiratory illnesses in the three countries, systematized in a matrix.

Results: A wide range of symptom diagnoses and diagnostic terms were used in the three countries, first and foremost viral diagnoses (a cold, a virus, pharyngitis and a multitude of bronchitis diagnoses with different prefixes) and bacterial diagnoses (primarily pneumonia and tuberculosis). Obstructive diagnoses were less used. Similarities and differences between the countries will be presented. In general, antibiotics were the chosen therapy.

Conclusion: This study identified multiple and inconsistent diagnostic terms, with different patterns in the individual countries, and often with inappropriate therapeutic consequences, exemplified by using antibiotics for viral and obstructive lower respiratory tract illnesses. Ignoring the diagnosis asthma/viral wheeze may lead to the use of other diffuse and incomplete diagnoses with potentially limited therapeutic outcomes. In the workshop appropriate diagnostic terms will be discussed.

Declaration of Interest

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