

Introduction

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Paediatric asthma remains a health problem on a global scale, for the health systems of individual countries, for the families of asthmatic children and for the asthmatic children themselves. At present, we have no cure for asthma, and paediatric asthma most often represents a lifelong problem, although modern and optimal treatment do offer good disease control; most children with asthma are able to have a “healthy” life, and participate in physical activities on an equal level with their healthy peers, with a normal development into adolescence and adulthood.

One major problem of paediatric asthma is the “lifelong” aspect. Recently, paediatric asthma has been reported as a major risk factor for chronic obstructive pulmonary disease (COPD) in adult life, thus underlining the need for early diagnosis, optimal treatment and monitoring of paediatric asthma.

This issue of the *European Respiratory Monograph* covers the different aspects of paediatric asthma. The many phenotypes of asthma with different clinical characteristics at different ages illustrate the heterogeneity of paediatric asthma. These include different levels of severity and, in particular, problematic severe asthma. Many different causative factors have a role in the pathogenesis of asthma and influence the clinical presentation. These include: food allergy; viral and bacterial infections; allergen exposure and exposure to indoor and outdoor pollutants; psychological factors; and physical activity and sports. The genetics of asthma is complicated, and epigenetics may help explain the increase in prevalence over recent decades.

The care and treatment of asthmatic children is one of the major tasks of paediatric respiratory medicine. There are different approaches to the treatment of asthma at different ages, and acute asthma requires particular concern and treatment strategies. Monitoring and follow-up of paediatric asthma remain important for optimal treatment.

All these aspects of handling paediatric asthma, as well as the many faces of paediatric asthma, are thoroughly discussed by distinguished paediatric pulmonologists in this issue of the *European Respiratory Monograph*. We hope that our young colleagues will find this Monograph useful in the clinical setting and that it will remain an inspiration in their future research.