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Editorial

Editorial For The Special Issue On "Asthma And Its Effects In Adolescents".

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EDITORIAL

In addition to other causes (such as infectious diseases, social, economic, environmental, and occupational situations, exposure to biological irritants, and/or chemical aggressions), bronchial asthma is a chronic illness that is typically linked to atopic problems.Although its evolution has been uneven, the incidence of asthma has gradually increased over the past few decades, including in young people. The morbidity of bronchial asthma continues to significantly impair their quality of life and place a financial strain on their families, even in the face of the extensive adoption of international guidelines. The current Special Issue, "Asthma and its Impact in Adolescents," focuses on certain subjects to expand the existing treatment of asthma in pediatric patients and support their self-management and clinical control.Numerous reviews have been conducted on the various disorders that affect children and adolescents with persistent asthma, as well as the role that comorbidities and other related factors play in their preschool years. Adolescents' growing penchant for vaping and the associated danger of uncontrolled asthma have received special attention.Asthmatic teenagers' unique hydration status, which is typically caused by inadequate daily water consumption, has been extensively characterized and contrasted with the behavior of normal controls of similar age. Although dehydration was sadly overlooked and ignored by families and caregivers, it turned out to be a systematic risk factor for asthma instability. However, the application of dry, cold air that induces In fact, comparable mucosal stress serves as a provocation test to examine asthma in pediatric patients. Additionally, the association between lung function and quality of life in young asthmatics was evaluated, as were the risk factors for lung function decline in pediatric asthma. Adolescent asthmatics' poor compliance with standard pharmacological anti-asthma regimens, and inhalation therapies in particular, has been addressed. Young patients, their families, and occasionally even their caregivers overlook this risky mindset, which is commonly undervalued in clinical practice. Since little is now known about the primary elements influencing inhalation therapy efficacy, a portion of this Special Issue is devoted to these oddities. Specifically, how patients' adherence affects Clinical and economic long-term outcomes in adolescents with asthma have been described, along with the likelihood of lung function to predict which inhaler (specifically, dry powder inhalers) would be best for the patient's daily use based on a customized approach. There have been reports and discussions on the outcomes of new technologies designed to encourage and promote teen asthma education and self-management. Additionally, the outcomes of the growing biological therapy-based approach to controlling airway remodeling in children with asthma have also been covered.Lastly, to answer the important query, "Are adolescents with asthma prepared for a change in care?" In children and adolescents with asthma, parental participation and communication with physicians currently appear to be insufficient, while parents and In order to ensure a proper and long-term continuity of asthma care, providers are not adequately involved or prepared for the transition of care. The primary takeaway is that more work is still required to optimize the treatment of adolescent asthma.I would like to thank all of the authors for their important scholarly contributions, with the hope that the material of this Special Issue will help improve understanding, awareness, and appropriate home care of teenage asthma.

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