

# PREVENTION OF BRONCHIAL ASTHMA AND MODERN VIEWS

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**Annotation:** The aim of this study was the estimation of the efficiency of bronchial asthma control in 80 pregnant women taking into consideration if the compliance was achieved or not. The frequency and intensity of day and night symptoms, the frequency of using bronchial spasmolytics, peak flow rate, the number of days without symptoms and asthma exacerbation were estimated. The clear relationship between the level of asthma control and compliance to basic therapy with inhaled corticosteroids was established.

**Keywords:** inhalation corticosteroids, bronchial asthma, pregnancy

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## INTRODUCTION

To number main questions at conducting pregnant women With bronchial asthma applies usage basic anti-inflammatory therapy (BPT) inhaled corticosteroids (ICS) [1–3, 5]. Until relatively recently, it was common practice to refuse applications X V communications With concerns unfavorable influence on fetus And flow pregnancy, A Also due With existing opinion O invariably beneficial influence pregnancy on flow asthma, caused by hormonal changes [3]. Currently, ICS is all wider used V quality main anti- inflammatory facilities at treatment pregnant women With ast is mine, proven safety

their applications V regarding the fetus [2, 4]. IN That same time, serious problem remains achievement compliance V respect correct use BPT with sides pregnant women female patients with bronchial asthma, which often refuse from long-term use of inhaled corticosteroids. Target: estimate level control bronchial asthma - we at pregnant women women With taking into account adequacy fulfillment them recommendations By basic anti-inflammatory therapy.

**Material and methods:** Under observation was 80 pregnant women women with bronchial asthma easy And average degree of severity, which at term gestation from 8 before 14 weeks, stepwise anti-inflammatory therapy with inhaled corticosteroids was prescribed according to the principle of "step down" according to existing recommendations on therapy bronchial asthma. IN dependencies from compliance with criteria indicating adequate implementation rules basic anti-inflammatory therapy, female patients were separated on two groups. IN first group entered 40 women, fully upholding the principles stepped therapy inhalation corticosteroids. Second group made up 40 pregnant women patients, which on one's own interrupted therapy for reasons explained on their part by good well-being, lack of expressed symptoms, reluctance use hormonal facilities for a long time and for other reasons. Both researched groups women were comparable in age ( $26.0 \pm 4.7$  And  $25.5 \pm 4.2$  years V 1st And 2nd groups respectively,  $p=0.567$ ) And parity. First childbirth were coming 13 (33%) And 17 (43%) patients V 1st And 2nd groups respectively ( $p=0.356$ ), Then How at the rest female shchin were expected repeated childbirth (27–67 And 23–57% respectively).

At term gestation from 24 before 28 weeks V conditions daytime hospital at everyone women was carried out examination to assess the level of current control of bronchial asthma, which included an assessment over the last 2 weeks. the following indicators:

- frequency And severity daily And night symptoms on a 5-point symptom scale;
- consumption inhalation bronchodilators short actions;
- average daily peak speed exhalation (PSV);
- number days without symptoms;
- Availability exacerbations asthma.

Except Togo, By completion 2 weekly period During observation, all patients underwent hardware measurement of forced expiratory volume in 1 s and PEF. Received results estimates expressways characteristics exhalation then were compared With data individual peak flow metry.

All female patients first groups on moment examinations continued reception inhalation corticosteroids. In 32 out of 40 (80%) cases, inhaled beclomethasone was used as an anti-inflammatory agent V average day dosage  $380.0 \pm 115.3$  mcg, in other cases - inhaled forms of budesonide at an average dosage of  $450.0 \pm 117.1$  mcg.

Statistical methods. Descriptive statistics were used with the calculation of average trends in the form of an average arithmetic and his standard deviations For quantitative variables And interest shares for quality characteristics. Comparison of several independent groups by high quality signs carried out at help criteria Pearson. Differences were considered statistically significant at  $p < 0.05$ . Relative risk development diseases determined at help method nonlinear logistics regression With calculation relationship chances And his trusting interval.

## Results

How showed carried out analysis V group women who Not complied with at treatment asthma principles basic therapy (group 2), V most cases was absent individual monitoring symptoms diseases and characteristics peak speed exhale. IN in particular, diaries control symptoms asthma With fixed them data on moment inclusion V study presented only 5 from 40 (13%) patients of this group (31 out of 40; 78% in the first group,  $p < 0.001$ ). Individual peak flow meter V his order had 14 (35%) sick second groups, V that time How among patients, observing rules basic therapy, therapy regularly enjoyed device 37 (93%) women ( $p < 0.001$ ).

When comparing the studied groups of women according to the main criteria control bronchial asthma behind latest 2 weeks noted statistically significant transform possession of daytime ( $1.7 \pm 0.8$  points,  $p < 0.001$ ) and nighttime ( $0.8 \pm 0.5$  points,  $p < 0.001$ ) symptoms V group patients who independently stopped using inhaled corticosteroids (group 2). Similar indicators in the first group of patients were  $0.5 \pm 0.2$  and  $0.2 \pm 0.2$  points for daily and night symptoms respectively. Statistically significant differences between groups were identified V respect average daily peak speed exhalation ( $97.5 \pm 7.0$  and  $84.4 \pm 9.3\%$  V 1st and 2nd groups respectively,  $p < 0.001$ ) And PEF variability ( $6.3 \pm 3.6$  And  $15.7 \pm 7.9\%$  respectively,  $p < 0.001$ ). Frequency use inhalation short term bronchodilators actions V group sick, received ICS, for studied period observations amounted to V average  $0.5 \pm 0.2$  inhalations V day, What was much less , how V group women, those who refused from anti- inflammatory therapy ( $2.5 \pm 1.6$  inhalations per day,  $p < 0.01$ ). IN flow 14 days period observations V 1st group of patients recorded an average of  $10.4 \pm 1.5$  days without symptoms asthma, V That time How in second group women had almost 2 times fewer such days ( $5.9 \pm 3.1$  days,  $p < 0.001$ ).

Analysis indicators functions external breathing, characterizing Availability And degree severity bronchial obstruction (forced expiratory volume during the first give me a sec – FEV1 – And PSV), showed What V group of women stopped reception inhalation corticosteroids , 17 (43%) female patients had quantities FEV1 less than 80%. Indicators of peak expiratory flow, according to spirometry, below normal (80%) level were present at 16 (40%) women given groups. Against, among patients, received X, reduced FEV1 and PEF indicators were present only in 3 (8%) and 5 (13%) cases, respectively ( $p < 0.001$  and  $p = 0.005$  when compared by FEV1 and PEF indicators, respectively). Average quantities

FEV1 And PSV, By data spirometry, made up V first group female patients  $99.7 \pm 12.5$  and  $96.4 \pm 15.1\%$  respectively, What statistically was significantly ahead of similar indicators in the second group ( $83.1 \pm 16.6$  and  $86.0 \pm 19.7\%$ , respectively,  $p < 0.001$  and  $p = 0.040$ ).

So way, analysis control bronchial asthma - we at pregnant women women With easy persistent and moderate course of the disease revealed a clear dependence of the level of asthma control on patients' compliance mode basic anti-inflammatory therapy with inhaled corticosteroids.

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