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Clinical and Epidemiological Characteristics and Quality of Control of Bronchial Asthma in Children Living in the City of Gulistan

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Abstract: The article is devoted to the most common chronic lung disease in childhood - bronchial asthma. Information on the epidemiology and quality of control of bronchial asthma in children living in the city of Gulistan is presented.

Key words: questionnaire, bronchial asthma, children, degree of control of clinical symptoms, epidemiology.

Introduction. Bronchial asthma (BA), known to mankind at least since ancient times, is a serious global health problem, characterized by heterogeneity of etiological factors and pathogenetic mechanisms of development, multifaceted clinical manifestations from cough and recurrent respiratory tract infections, often occurring under the guise of a group of dispensary observation of "frequently ill children", to life-threatening asthmatic status.

Polymorphism of clinical manifestations of BA is manifested in variability of the course and severity, different severity of bronchial obstruction and hyperreactivity, different response to bronchodilators and basic anti-inflammatory control therapy.

Delay in diagnosing BA is observed in 2/3 of children suffering from this disease, averaging 3.3 years, and is associated with insufficient therapy or no treatment at all [Karadag B. et al., 2017; Lynch B.A. et al., 2020, 2022].

On the contrary, early diagnosis of asthma and prescription of adequate therapy significantly reduce the socioeconomic damage from asthma and improve the quality of life of patients.

The study of asthma has always attracted the attention of pediatricians, since, although asthma can begin at any age, most cases of the disease begin in childhood.

In our country, such scientists as M. M. Khakberdyev, A. A. Nazarov, B. T. have made a great contribution to the study of asthma in children. Kholmatova, F. M. Shamsiev, and others.

In recent years, a number of clinical guidelines for specialists have been created to develop a unified approach to the diagnosis and management of pediatric patients with bronchial asthma: the regularly revised Global Initiative for Asthma (GINA),

International Guidelines of the Practical Allergology Pediatric Asthma Group (PRACTALL) 2008,

International Consensus on (ICON) Pediatric Asthma (ICON 2012), and a number of others.

Based on the latest advances in medicine, molecular biology, and pharmacology, and an analysis of the results of numerous studies conducted from the standpoint of evidence-based medicine, these guidelines have significantly improved the management of patients with bronchial asthma.

Purpose. To study the clinical and epidemiological features of the course of bronchial asthma, and to characterize the degree of control of clinical symptoms in children with bronchial asthma living in the city of Gulistan.

Materials and methods. Questioning of parents and children suffering from bronchial asthma aged 3 to 17 years at a pulmonology appointment at the Regional Children's Multidisciplinary Medical Center of the Syrdarya Region (N = 108); analysis of forms 112/u in children with bronchial asthma (N = 108); processing of results in Microsoft Excel.

Results. 108 people took part in the survey. Of these, 70 boys and 38 girls.

Age composition of the study group: children under 6 years old - 14.3%, from 6 to 14 children - 76.3%, from 15 to 17 years - 10.5%. The average age was 11.7 years.

All children participating in the survey had atopic bronchial asthma. Allergens were indicated as provoking factors by 65.3% of children. Bacterial and viral infections were indicated as provoking factors by 29.7% of patients, stress and physical activity - by 3.8%. 1.2% of patients found it difficult to indicate a provoking factor.

Using validated questionnaires, we were able to determine the level of asthma control in patients.

Completely controlled asthma was observed in 82% of children under 12 years of age and in 83% of children over 12 years of age.

Partially controlled asthma was observed in 18% of children under 12 years of age and in 17% of children over 12 years of age

According to the GINA criteria, completely controlled asthma was observed in 65% of children, of which 32.4% had mild intermittent asthma (which corresponds to GINA stage 1), 38% had mild persistent asthma (GINA stage 2), and 29.6% had moderate asthma (GINA stage 3). Partially controlled asthma was registered in 35% of patients, of which all 35% had moderate asthma.

Conclusions:

1) among children with asthma, school-age children aged 10-14 years and males predominate.

2) complete asthma control was observed in 65% of children, of which all children with mild asthma and 36.2% with moderate asthma. Only children with moderate asthma have partial control.

3) it is necessary to monitor the frequency of exacerbations in children with bronchial asthma to improve the quality of life.

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