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CAUSES OF UNCONTROLLED OF BRONCHIAL ASTHMA AMONG CHILDREN

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The problem of bronchial asthma (BA) is a pressing issue due to epidemiological, social, scientific and economic aspects. There are around 334 million patients worldwide and 14% of them are children. According to WHO, by 2025, the number of patients will increase by another 100 million. Asthma remains a deadly disease - in 2017, 383,000 deaths were recorded in the world. The death rate among asthma sufferers in Ukraine is one of the highest in Europe: 0.7 per 100,000 population aged 5 to 34 years. The aim of the study was to improve the prognosis of asthma among children by improving disease control. The task is to identify the main causes of uncontrolled BA among children of Kharkiv region. Materials and methods. The examination was conducted on the basis of allergy and immunology departments of the Regional Children's Clinical Hospital №1. We examined 30 children with asthma, aged 5 to 18 years who had uncontrolled disease. The levels of control were determined according to the recommendations of GINA, 2014. All children were given a comprehensive research according to the unified clinical protocol of primary, secondary medical care "Bronchial asthma among children". To identify the reasons for the lack of asthma control, a survey on children and parents with the most probable reasons for refusing therapy was conducted. The results were processed by variational statistics methods using IBM SPSS Statistics. The study was conducted in compliance with human rights in accordance with current legislation in Ukraine. Results. Primary school-aged children were the predominant patients. Percentage of patients by severity of the disease: 40% of patients - intermittent course, 37% - mild persistence, and 23% of children - moderate persistent course. When assessing the lack of control, it was noted: partial control - in 37% of children, lack of control - in 63%. Among the studied 77% of children were admitted during the exacerbation period and 23% - during the remission period. A survey of basic therapy found that 23% of children do not receive basic therapy at all; 37% of children self-prescribe or cancel therapy; 27% of patients do not follow the duration and 13% of patients change the volume of therapy. In order to find out the reasons for non-compliance with basic therapy, parents with the most probable reasons for refusing treatment were surveyed. 86.7% of parents do not understand asthma to be a chronic illness; 93.3% are afraid of hormonal drugs; 63.3% consider that the duration of the course may not be more than 3 months; 60.0% do not want to adapt therapy with a satisfactory state of health of the child; 80.0% believe that they know their baby well and can prevent the onset of exacerbation. Conclusions. The main reason for the lack of control among children with asthma is a violation of basic therapy algorithms. Explanatory work with patients and their parents is needed to increase the effectiveness of BA control among children.