

ASSESSMENT OF THE PREVALENCE OF ATOPIC DERMATITIS IN CHILDREN OF KHARKIV CITY

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In recent years the frequency of chronic diseases that occur in childhood has increased significantly; among them, allergic diseases, including atopic dermatitis (AD), the prevalence of which has increased 2-3 times in the last 30 years, comes first. According to epidemiological studies, the prevalence of AD in the world ranges from 1% to 46%, and in Ukraine it is 3.9%. At the same time, the disease manifests itself at an earlier age, has a chronic, relapsing, sometimes continuous course, resulting in disability, is an economic burden for the family and reduces the quality of life of patients. Early diagnosis will prevent the development of severe forms, disability and improve the quality of life of patients with AD.

Aim of the study: to improve the quality of diagnosis of atopic dermatitis in children based on standardized methodology.

Materials and methods: 99 patients with AD were interviewed according to the standards of the international ISAAC program using additional questions. The results were processed using variation statistics methods.

Results and discussion: AD was diagnosed in 32 children with allergic pathology (30%). Children aged 6-7 years make up 61%, 12-13 years old – 39%. The disease mainly affects young children (61%) and males (53%). Heredity is important in the occurrence of AD, which was burdened by allergic pathology in 26%. Sensitization to food allergens, which can develop in utero, has a significant impact. Thus, the majority of mothers of patients ate without restrictions (52%), 12% had food addictions. In 70% of respondents, natural feeding predominated in infancy, mixed and artificial feeding were equally common - in 15%. For the majority of children surveyed, the first complementary foods were introduced at 5-6 months (42%), after 6 months. – in 32%, up to 4 months. – in 26%, which can also act as a trigger factor in the development of AD. At an early age, 19% of patients had food intolerance: dairy and vegetables. Other possible trigger factors are household allergens: pets (48%), down products (24%), and dust collectors (9%). There was a decrease in the quality of life of patients due to restrictions on sports and participation in social events - in 19%. When assessing the economic aspect of AD treatment in these children, 77% receive therapy 2-3 times a year, 17% monthly, 6% weekly. The majority of children are vaccinated (74%), indicating periods of remission, 23% have some vaccinations and 3% are not vaccinated.

Conclusions:

1. Questionnaires are effective tools for diagnostic of atopic dermatitis in children.
2. 64% of patients with AD are likely to have intrauterine sensitization, which indicates the need for a hypoallergenic diet in pregnant women at risk.
3. Early introduction of complementary foods (before 4 months of age) and later (after 6 months) are important factors in the development of AD (in 58%).
4. The presence of household allergens is a trigger factor in the development of AD (81%) and predictors of the development of atopic march.
5. The quality of life of patients with hypertension is reduced due to restrictions in sports, participation in social events and frequent courses of therapy.