MODERN APPROACHES TO SEVERE BRONCHIAL ASTMA TREATMENT

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Summary. *There were 38 patients aged from 18 to 65 years old with severe bronchial asthma under our observation. Before the anti-inflammatory therapy administration there was the expiration function (EF) and asphyxia intensity monitoring held during 2 weeks for determining the disease severity degree. For the symptoms evaluation there was a 3-point scale used. Such parameters as forced exhalation volume during the 1-st second (FEV_1) and peak expiratory flow (PEF) were registered in dynamics. All the patients were divided into 2 groups. The 1-st (main) group – 22 patients who were prescribed the following therapy: fluticasone propionate 500 mcg/salmeterol 50 mcg 1 inhalation 2 times a day and tiotropium bromide (Spiriva) 18 mcg 1 inhalation a day. The 2-nd (control) group – 16 patients, who were receiving only fluticasone propionate 500 mcg/salmeterol 50 mcg 1 inhalation 2 times a day. The patients were attending the doctor in 10 days after prescribing the basic therapy and, consequently, in 1, 6, and 12 months after the treatment start. During each visit doctors were evaluating the expression of the day and night symptoms, were carrying out the analysis of the spirometry and peak-flowmetry data.*

According to the study results data there was proved that prescribing the combination of fluticasone propionate 500 mcg/salmeterol 50 mcg combined with tiotropium bromide (Spiriva) 18 mcg at patients with severe BA allows to obtain a longer and better quality control over the dissease than the monotherapy with fluticasone propionate 500 mcg/salmeterol 50 mcg.

Key words: *asthma, therapy, tiotropium bromide, Spiriva.*