

IMPORTANCE OF PHENOTYPE DIVISION OF BRONCHIAL ASTHMA FOR CLINICAL PRACTICE

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Summary. *Division of bronchial asthma into clusters permits us to individualize approaches to the diagnostics and treatment of this pathology in adult patients. It is the most adequate to select the following clusters in modern clinical practice: 1) cluster of early start of asthma in childhood or young age, which is controlled by two drugs and doesn't demand intensive medical supervision; 2) cluster of non-eosinophylic asthma with obesity, which is more often in women, needs three and more drugs to control, one of which is an inhalational corticosteroid; 3) refractory eosinophylic inflammation with recurrent exacerbations, which needs administration of inhalational corticosteroids and prolonged β_2 -agonists and, if possible, antileukin medications (mepolizumab); 4) hard airways' obstruction with expressed symptoms without eosinophylic inflammation with ability to answer to bronchodilators, which demands the administration of macrolides. Subsequent investigation of heterogeneity of clinical displays of bronchial asthma and its answer to treatment is very perspective, partly, because of the future possibility of adding clusterization to diagnosis.*

Key words: *bronchial asthma, phenotyping, cluster, inflammatory phenotype.*