The quality of life of children with allergic diseases

Key words: children, allergy, the quality of life.
lem of domestic researchers is the lack of unified methodological approaches, so that the results are unlikely and not comparable between them. Research methodology QOL should be based on the principles of evidence-based medicine, which is especially important when assessing the subjective opinion of a person, the results obtained through the use of international standards that may be considered relevant to modern requirements (D. Fairclough, 1998).

For the assessment of QOL in clinical and population studies they identify the following components: psychological, social, physical and spiritual well-being. Now the standard for the study of QOL is special questionnaires (questionnaire). The specificity of the assessment of QOL in children is that modules questionnaires differ by age, also in the research process involved both the child and his parents.

Example of diseases that greatly affect the quality of life of children is allergic diseases, medical and social value of which is determined by the growing prevalence, torpidly to therapy, large economic costs, the risk of social exclusion [3]. The normalization of QOL is considered as one of the key tasks in the treatment of many allergic diseases at the current stage of [5].

The aim: Improvement of the quality of medical aid to children with allergopathology by assessing their quality of life and improving of individual and group programs, treatment and prevention of allergic diseases on the basis of the revealed problems.

Materials and methods
Ninety six children with allergopathology were questioned at the Allergy center of the Kharkiv Regional Children Hospital №1. Based on the Questionnaire the quality of life of patients with asthma with standardized activities (AQLA(S)) adapted “Questionnaire” was created for all types of children with allergy from 5 to 17 years. It considered type of pathology (respiratory allergosis – bronchial asthma, allergic rhinitis; skin lesions – atopic, allergic dermatitis, chronic urticaria), its duration, frequency of exacerbations, discomfort for a condition, restriction of activities and its degree. The questionnaire consists of several blocks: a limitation of physical activity (sports, cycling, motor activity), psycho-emotional limitations (communication with friends, communication with animals, fatigue, mental and emotional limits, phobias), restrictions of social life (participation in social activities, visiting public places), domestic difficulties (restrictions on food, clothing, household assistance). All the signs were evaluated on a 5-point scale: the higher point is for the better quality of life. Along calculation of QOL score for all the questions, an average score for each of the aspects of QOL was calculated. The data were processed by methods of variation statistics.

Results and discussion
Among the surveyed children even distribution by gender (50 / 50 % of boys and girls) was noted. When stratified by age, the majority (43 %) were the children of younger school age. 32 % of pre-school, 25 % of senior school age.

Nosological forms 50 % of the cases were presented by respiratory allergies (RA) that included allergic rhinitis, bronchial asthma, in 32% chronic urticaria (CU) was diagnosed, 18 % of patients had suffered from skin lesions (SL) – atopic and allergic dermatitis.

One indication of the severity of the disease is the frequency of exacerbations that we evaluated in the patients (Fig.1). The most often (more than 4–5 times a year) exacerbation of the disease was in children with respiratory allergies (28 %) and CU – 20 %. The majority of allergic diseases exacerbated 2–3 times a year.

Assessment of discomfort experienced by different groups of children, depending on the type of the disease, is shown in figure 2.

As can be seen from the figure, significant discomfort associated with the disease, felt children with SL (12 %, 68 % of them are children of younger school age) and RA (48, 6%), 76 % of them are patients of the senior school age.

Moderate stage of discomfort was reported more often in children with CU (44 %, 54 % of them are children of younger school age).

Figure 1. The frequency of allergic diseases exacerbations (%)
The results of the survey regarding limitations on the physical, social activity and household discomfort which we have combined in integrated blocks (domestic, physical activity, emotional and social) in dependence on the type of allergic pathology is presented in figure 3.

Children with RA often felt discomfort associated with sports (71%, 87% of them were children of school age), equally often through limitations in dealing with animals and participation in public events (14%).

Patients with CU bothered with dietary limitations (77%, 49% of them are children of preschool age, and 36% of primary school age), sports (33%), communication with animals (28%).

Skin lesions are the most important in the limitation of contact with animals (60%), food-limitation (40%), less often (24%), of participation in public life.

Conclusions
The quality of life of children with allergic diseases often reduced due to limitations in sports, participation in public life and communication with animals.

The dietary limitations and communication with animals have the greatest influence on the quality of life of children with skin lesions and chronic urticaria.

The greatest psychological discomfort caused by allergic disease, have children with lesions of the skin.
The identified social and psychological problems should be taken into consideration when organizing work of school of allergy.

References


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Summary. The assessment of the quality of life according to the data Questionnaire the quality of life of patients with bronchial asthma under standardized activities — AQLA(S) was performed in article. 96 children with allergic pathology in age from 5 to 17 years were questioned. The quality of life impairment was revealed children with lesions of the skin due to dietary and contact with animals restrictions.

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