

THE MAIN COMPONENT LIFE QUALITY OF PATIENTS WITH BRONCHIAL ASTHMA DEPENDING ON THE SEVERITY COURSE OF THE DISEASE

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Summary

Numerous studies have shown that asthma affects both the physical condition of the individual and his psychology behavior, emotional reaction, changing its place and role in social life. The psyche of a patient suffering from a chronic disease, is never normal. Human mental status constantly experiencing symptoms of chronic diseases, it becomes neurotic traits. Most of the authors emphasize the need for an indulgent attitude to certain personality traits of the patient, making him seriously ill, sometimes moody, often inventing nonexistent complaint. Structuring components of quality of life have an independent prognostic significance and are even more accurate prediction of survival factors and dynamics of the patient's condition during treatment than somatic status. Quality of life allows you to compare the effectiveness of various treatment programs. In general, we can say that in chronic diseases quality of life – the basic criterion for assessing the condition of the patient, psychosocial quality which personality plays a major role in the adaptation of the patient to the disease, which makes it particularly urgent study it in patients with asthma, because this pathology often most affected are young, physically active people, and therapy – lifetime.

The main goal of the study was to investigate the nature of the main components of quality of life of patients with bronchial asthma, depending on the severity of the disease.

Materials and methods. *Research conducted at the department of pulmonology at the SE «State Institution National Institute of phthysiology and pulmonology named after F. G. Yanovsky National Academy of Medical Sciences of Ukraine» To solve the problems of the research object of the study were patients with bronchial asthma. The study included patients only when their voluntary consent for the purpose and scope of the planned inspections. According to these criteria in the study included 40 patients with asthma exacerbation, from 21 to 65 years, on average ($32,3 \pm 5,8$ years), including 17 men and 23 women. All patients were divided into three groups: Group I—11 patients with mild persistent disease course, II group — 19 people with persistent course of moderate severity, III group — 10 people with poorly controlled severe course of the disease. As a control, 10 healthy volunteers were examined, had no clinically significant severe pathology. As a questionnaire to determine the quality of life of patients were asked to fill out a general questionnaire SF-36. A survey of patients with asthma was conducted three times — during exacerbation and twice a remission of the disease with an interval of six months. To determine the «conventional rules» overall QoL questionnaire SF-36 was used in a group of healthy respondents. Primary data obtained using the SF-36 were to be recoded. The calculation criteria for the quality of life questionnaire SF-36 was carried out only on the basis of re-encoding the data by the method of summation of Likert ratings (on a 100 — point scale, %). Statistical analysis of the material was carried out with the help of licensed software included in Microsoft Office Professional 2000 package (license Russian Academic OPEN NO LEVEL № 17016297) on Atlon IBM PC in Excel. Work performed by the state.*

Conclusions. *The study found that the severity of asthma significantly affects the quality of life of patients. The easier it is for — the higher the quality of life. In less severe asthma exacerbation short and slightly altered the quality of life of patients, but due to stress and emotional problems, normalizing in remission and remained unchanged during the year follow-up. Aggravation of asthma in patients over an average degree of severity of the disease due to a significant limitation of physical activity, emotional state caused depression and mental sphere, creating an obvious condition for the further development of the risk*

of depression, underestimating the subjective assessment of patient perception of the state of his mental health, by limiting social activity. The remission of the disease in patients to the fore a factor limiting physical activity acted in violation of the quality of life, not the ability to conduct adequate to the age and condition of social life, realized in the society, which was accompanied by the development of mild depression, behavioral change, and aggravation of the severity of the condition, the subjective perception the state of his health, not a calm attitude to his illness, which lasted almost without significant fluctuations during the year follow-up. And it is a catastrophic picture, according to the findings of the questionnaire, was observed in the group of patients with severe disease. Regardless of the phase of remission or exacerbation of this, these patients were constantly depressed, anxiety, aggravation of his physical melt were discontent with their health, they did not think that it helps to supportive therapy and they can monitor the course of his disease.

Key words: *bronchial asthma, quality of life.*

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