

NON-CONTROLLED BRONCHIAL ASTHMA: THE CONTEMPORARY CONDITION OF THE PROBLEM

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Abstract

According to modern concepts, BA is a genetically determined disease, heterogeneous in its clinical manifestations, pathophysiological and immunopathological mechanisms, characterized by chronic inflammation of the respiratory tract. Common symptoms of asthma are attacks of suffocation (dyspnea), wheezing, a feeling of tightness in the chest and coughing. In patients, they can be of varying intensity and manifest along with variable airway obstruction (Global Initiative for Asthma,). That is why it is now common to identify the phenotype of asthma, which is determined both by the clinical characteristics of the course of the disease, and by the peculiarities of the systemic and local (in the airway) inflammatory process. This allows you to determine the individual characteristics of the patient and give him a personalized treatment. Thus, uncontrolled asthma unites various clinical, functional and pathophysiological phenotypes of the disease, which is associated with various mechanisms of its formation and therefore requires different approaches to diagnosis and prediction, which can be used both independently and in various combinations. For this, questionnaires (ACT test, ACQ-5), spirometry and peakflowmetry are used, external respiration function indicators are determined, sputum smear analysis is performed (in which its cellular composition, levels of cytokines, other mediators and soluble intercellular interaction molecules, etc.), examine the condensate of the patient's exhaled air (determine the gas concentrations, individual biochemical indices, cytokine content, etc.), carry out phenotyping of lymphocytes, test the serum for content of immunoglobulins, circulating immune complexes, cytokines, etc., and also carry out genetic and pharmacogenetic studies. Each of the listed methods of examination of patients with asthma, which are used to diagnose and predict its uncontrolled course, to identify the causes and elucidate the mechanisms of therapeutic resistance is not perfect, has its advantages and disadvantages. Often such a survey requires a fairly long time and significant material and technical resources and financial costs. However, the correction of therapeutic tactics in the case of proven resistance to pharmaceuticals makes it possible for such a patient to avoid their appointment, select effective drugs, their doses and regimens, and accelerate the achievement of the desired control over the disease.

Key words: bronchial asthma.

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