

# EFFECTIVENESS AND SAFETY OF THERAPY OF PATIENTS WITH BRONCHIAL ASTHMA USING A SINGLE INHALER

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**Abstract.** Selection of adequate therapy for bronchial asthma (BA) by a doctor directly affects not only the level of control over the patient's symptoms, his compliance, but also improves the patient's quality of life and avoids his disability. Doctors and patients are already accustomed to the fact that inhaled glucocorticosteroids (ICS) are the most effective anti-inflammatory drugs for the treatment of asthma. However, the response to ICS varies among patients, so some may require a medium-dose ICS if their asthma is not controlled or if they have asthma exacerbations. Among the existing following fixed combinations of ICS/ long-acting  $\beta_2$ -agonists (LABA), which are approved for regular use from the 3rd step of BA treatment, only two are currently available in Ukraine — budesonide + formoterol and fluticasone propionate + salmeterol. GINA recommends the use of an ICS/formoterol combination as the preferred single maintenance and palliative therapy because studies have shown that use of this therapy as a patient-initiated symptomatic palliative therapy when symptoms worsen provides comparable benefit to short-acting  $\beta_2$ -agonists (SABA) for the relief of smooth muscle dysfunction. In addition to providing corticosteroids with an increase in local protection in case of increased inflammation of the respiratory tract Budesonide/formoterol fixed-dose single-inhaler therapy for basic therapy and symptom relief helps achieve the main goals of AD treatment, namely achieving symptom control and reducing future risks, fully consistent with the latest GINA guidelines. This regimen, in comparison with alternative regimens of therapy with fixed doses of other combined drugs and SABA as needed, reduces the risk of exacerbations, gives a lower steroid burden on the patient with a comparable level of BA control.

**Key words:** bronchial asthma, single inhaler therapy, effectiveness, safety.