

CLINICAL FEATURES OF BRONCHIAL ASTHMA IN PATIENTS WITH COMORBID PATHOLOGY OF THE DIGESTIVE SYSTEM

Y. I. Feshchenko, L. M. Kuryk, N. A. Primushko, A. A. Kanarsky, I. P. Turchina, O. I. Krylach

State Organization «Yanovsky National Institute of Phthysiology and Pulmonology NAMS of Ukraine», Kyiv, Ukraine

Abstract. The goal of modern treatment of patients with bronchial asthma (BA) is to achieve and maintain full control over the disease: good control of clinical symptoms, minimization of fixed bronchial obstruction and unwanted side effects of treatment, as well as reducing the risks of future exacerbations. The controllability of the course of BA with comorbid pathology of the digestive system is currently uncertain according to the literature.

The aim of the study: to learn the clinical features of the course of BA with comorbid pathology of the gastrointestinal tract.

Materials and methods. The object of the study: 480 patients with asthma, including 194 men and 286 women, with a controlled, uncontrolled and partially controlled course of asthma, who were treated in the department of broncho-obstructive lung diseases in tuberculosis patients of the State Organization (SO) «Yanovsky National Institute of Phthysiology and Pulmonology NAMS of Ukraine». In order to identify the possible causes of the uncontrolled course of the disease, a questionnaire was conducted using a questionnaire for patients with broncho-obstructive lung disease, developed at the SO «Yanovsky National Institute of Phthysiology and Pulmonology NAMS of Ukraine». All patients kept a self-observation diary, which recorded: nocturnal asthma (number of awakenings during the night due to respiratory symptoms) — in points, morning chest tightness (in points), daytime symptoms (in points), cough during the day (in points), average dyspnea score (in points). All the symptoms listed above were included in the total asthma score (in points), and the number of inhalations of short-acting β_2 -agonists per day was also noted.

The results. It has been established that the loss of asthma controllability always leads to an increase in the number and combination of dysfunction of various organs of the digestive system and vice versa: the appearance and increase of comorbid pathology of the digestive system aggravates the course and worsens the controllability of BA. The most common comorbid pathology of the gastrointestinal tract with a controlled course of BA is an irritable bowel syndrome — in 44.4 % of patients, with a partially controlled course: chronic gastritis 34.5 %, chronic cholecystitis — 22.0 %, and chronic pancreatitis — 67.4 %, with an uncontrolled course, with a high percentage of patients with chronic gastritis, cholecystitis and irritable bowel syndrome, the percentage of patients with calculous cholecystitis increased — 25.0 %.

With the controlled course of BA there was no difference in the clinical manifestations of BA either in the group of patients with or without comorbid gastrointestinal pathology. With a partially controlled course of BA with comorbid pathology of the digestive system, exacerbation of BA due to respiratory factors, allergens and pronounced seasonality was determined in 53.5 % of patients with moderate severity, in 28.0 % with severe, of which 67.4 % of patients underwent inpatient treatment up to two times a year, a quarter of patients — more than three or four times a year, 30.2 % with a duration of hospitalization up to 30 days. In the uncontrolled course of BA with comorbid gastrointestinal pathology, 56.1 % of patients noted seasonality of symptoms, 47.8 % — a connection with allergens, physical exertion — 38.0 %, respiratory infections — 51.2 %. Only 46.3 % of patients had exacerbations up to twice a year, 43.9 % up to four times, and 9.8 % more than four times a year. Exacerbations of moderate severity in 53.5 % of patients, severe in 27.9 %, and with a duration of hospitalization for more than thirty days in 92.7 % of patients.

Conclusions. The controllability of both affects and depends on the comorbid pathology of the digestive system: the progression of the dysfunction of the digestive system limits the possibilities of drug therapy for BA, nullifying the expected result from the received treatment, not leading to full and long-term control of the disease, forcing to repeat the course of systemic glucocorticosteroids again and again. which again deepens the dysfunction of the digestive system, forming a vicious circle of mutual burden and leads to an increase in the terms of hospitalization, causes disability, and prevents the implementation of rehabilitation measures.

Key words: bronchial asthma, controllability, comorbid pathology, digestive system.