

# POSSIBILITIES OF USING DECAMETOXIN IN PATIENTS WITH CHRONIC DISEASES OF THE LOWER RESPIRATORY TRACT WITH ACUTE RESPIRATORY VIRAL INFECTIONS

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**Abstract.** The annual increase in the number of patients with chronic respiratory diseases and a significant increase in the level of antibiotic resistance in Ukraine and in the world has set modern scientists an extremely important task - the search for new effective ways of combating infectious agents of viral and bacterial exacerbations of pathologies of the tracheobronchial tree.

**The aim:** to assess the efficacy and safety of decamethoxine in patients with exacerbations of chronic obstructive pulmonary disease (COPD) and chronic bronchitis (CB).

**Materials and methods:** clinical symptoms were evaluated in 19 patients with COPD (group I) and 38 patients with COPD (group II) with signs of acute respiratory viral infection (ARVI) at three visits: the initial visit (at the time of the initial visit to the family doctor), the second visit (on days 3-5 after the initial application) and the third visit (on days 7-10 after the initial application). Subgroups were divided depending on the prescribed anti-infective therapy: subgroups Ib and IIb received symptomatic therapy, and subgroups Ia and IIa additionally received decamethoxine.

**The results.** One of the most frequent symptoms at the initial visit was cough for the patients of both groups. Decamethoxine contributed to a decrease in the frequency of cough on the 7-10th day of treatment by two times in subgroup Ia ( $p < 0.05$ ) and by almost 5 times in subgroup IIa ( $p < 0.001$ ). The dynamics of dyspnea in patients with COPD who did not receive additional therapy with decamethoxine was not variable during the entire study period. Patients with CB extremely rare had such a symptom as shortness of breath. In both subgroups of patients treated with decamethoxine, a certain tendency to an increase in cases of purulent sputum was observed only at visit 2, however, at the third visit, the number of such patients decreased and clearly coincided with the appointment of antibacterial drugs. Manifestations of the intoxication syndrome decreased over time in all subgroups, and at the third visit were less pronounced compared to the first two visits in most patients and practically did not depend on the additional intake of decamethoxine. There was no significant difference in the reduction of symptoms of nasopharyngoconjunctival syndrome. The conducted analysis of the frequency of hospitalization showed that only 1 patient from subgroups Ia and IIa continued treatment in hospital conditions at visit 3, and in patients with standard basic therapy by the time of visit 3, hospitalization was required for 2 patients of subgroup Ib and two from IIb.

**Conclusions.** The inclusion of decamethoxin solution in the complex treatment of ARVI in patients with chronic diseases of the lower respiratory tract allows to reduce the duration of cough, shortness of breath, producing of purulent sputum, manifestations of nasopharyngeal syndrome by 1.5-3 times. Additional inhalation use of 0.02 % decamethoxine solution reduces the need to prescribe antibacterial drugs and the risk of hospitalization by 2.2 times among patients with COPD. Patients with CB who received inhalation nebulizer therapy with a sterile solution of decamethoxine used antibiotics 2.2 times less often, and none of them were hospitalized.

**Key words:** COPD, chronic bronchitis, ARVI, decamethoxine.