

Treatment of severe asthma exacerbations during wartime: analysis of compliance of real practice with the recommendations of clinical guidelines

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BACKGROUND. War and martial law conditions create economic, ecological, and psychological prerequisites for worsening the course of bronchial asthma and increasing the risk of its exacerbations.

OBJECTIVE. To analyze the compliance of real practice with the recommendations of clinical guidelines in the treatment of severe asthma exacerbations during wartime.

MATERIALS AND METHODS. An analysis of 100 medical records of inpatient patients who were treated in healthcare institutions of Ukraine for severe asthma exacerbations in the period from July 2024 to May 2025 was conducted. The drugs intended for the treatment of exacerbations, their pharmacological group, dosage, route of administration and compliance with clinical guidelines were analyzed.

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■ ОРИГІНАЛЬНЕ ДОСЛІДЖЕННЯ

RESULTS AND DISCUSSION. The real life practice of treating severe exacerbations of bronchial asthma in martial law generally complies with the recommendations of clinical guidelines, but has certain peculiarities. Controlled oxygen therapy appointment is implemented in medical institutions at an insufficient level (for 2 patients from 100). Complicated severe course of asthma exacerbations sometimes requires systemic corticosteroids therapy in higher doses (125 mg of methylprednisolone in 22 patients) and a longer course (more than 7 days in 81 patients) than recommended. The severity of bronchial obstruction and its causes other than asthma determine the indications for therapy with theophylline and mucolytic (in 34 and 86 patients, respectively), and infectious complications – with antibiotics (in 50 patients). Polymorbidity, especially cardiovascular pathology, determines the need for infusion therapy (in 61 patients).

CONCLUSIONS. The course of asthma exacerbations undergoes negative modification during the war and affects the need for their additional treatment.

KEY WORDS: bronchial asthma, asthma exacerbation, treatment, systemic corticosteroids, inhaled corticosteroids, short-acting β_2 -agonists, anticholinergics, clinical guideline.
