

INFLUENCE OF INHALATIVE CORTICOSTEROIDS ON CLINICAL-FUNCTIONAL INDICES AND BRONCHIAL HYPERREACTIVITY IN PATIENTS WITH COUGH VARIANT OF BRONCHIAL ASTHMA

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Summary

The article represents data of clinical-functional studies of 50 patients with cough variant of bronchial asthma. Dynamics of clinical-functional data, spirometry and inhalative provocation tests with acetylcholine data were studied before and after 2-months treatment with inhalative corticosteroid budesonide in the dose 400 mcg daily.

The results of the study have demonstrated that treatment with inhalative corticosteroid budesonide in the dose 400 mcg daily during 2 months led to considerable positive dynamics of clinical-functional data: statistically significant decreasing of cough-score and variability of PEFR, statistically significant increasing of PEFR, statistically significant decreasing of receiving β_2 -agonists; considerable positive dynamics of spirometry data: statistically significant increasing of FEV₁ and PEF; statistically significant decreasing of bronchial hyperreactivity.

The data which we received allowed us to recommend in the early stages of disease an antiinflammatory therapy with inhaled corticosteroid budesonide in daily dose 400 mcg, or equivalent doses of others inhaled corticosteroids.