

NON-PHARMACOLOGICAL METHODS FOR IMPROVEMENT OF ASTHMA CONTROL IN ASTHMA PATIENTS WITH CONCOMITANT OBSTRUCTIVE SLEEP APNEA/HYPOPNEA SYNDROME

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Abstract

A presence of latent concomitant disorders worsens the course of asthma and makes it difficult to achieve a good asthma control.

Materials. 20 patients, out-of-control on standard basic antiasthmatic therapy with firstly revealed and PSG verified concomitant obstructive sleep apnea/hypopnea syndrome (OSAHS). During the first 10 days patients continued their basic therapy, with assessment of it's effectiveness. Then to their base therapy 10-day course of auto-CPAP therapy was added, with further continuation of their basic therapy (period of further supervision), during further 10 days.

Methods. Questionnaires (diaries, asthma control questionnaire (ACQ), Epworth scale of sleepiness), PFT indices "Cardinal Health" (Germany), polysomnography "SomnoStar Pro", "Cardinal Health" (Germany).

Results. A questionnaire (Epworth scale) and PSG revealed concomitant OSAHS, that hampered the achievement of satisfactory asthma control.

Addition of auto-CPAP therapy to standard basic antiasthmatic therapy promoted improvement of clinical symptoms of both OSAHS and BA, improved asthma control.

Conclusions: detection and complex therapy of concomitant pathology (addition of auto-CPAP to standard antiasthmatic therapy) improves asthma control.

Key words: asthma, obstructive sleep apnea-hypopnea syndrome, polysomnography, CPAP therapy, comprehensive treatment.

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