

BARRIERS IN ACHIEVING ASTHMA CONTROL IN CLINICAL PRACTICE DURING THE COVID-19 PANDEMIC

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Abstract

The main goals of bronchial asthma (BA) treatment are to achieve good symptoms control and to minimize future risk of asthma-related mortality, exacerbations, persistent airflow limitation and adverse effects of therapy. Despite the availability of effective treatments for asthma the real life asthma control is lower than expected.

The aim of this study was to evaluate the barriers in achieving asthma control in clinical practice during the COVID-19 pandemic according to the literature data.

There are both general and COVID-19-related barriers in achieving the goals of asthma treatment. In most patients, the causes for the lack of asthma control are incorrect inhaler technique, poor adherence to treatment, overuse of short-acting bronchodilators, comorbidities, the influence of adverse environmental conditions and psychosocial factors. The COVID-19 pandemic has affected the asthma control through quarantine restrictions and the influence of post-acute COVID-19 disorders. On the one hand, quarantine restrictions had a positive effect on the asthma course: there was a decrease in the seasonal respiratory viral infections and the asthma exacerbations frequency. On the other hand, asthma patients were significantly affected by the pandemic due to a high level of anxiety, stress and limited access to routine medical care. Health disorders in post-COVID-19 period negatively affect the control of BA. After recovery from acute COVID-19 a proportion of asthma patients experienced poorer control and required increased asthma maintenance therapy.

Approaches to improving asthma control include adherence to established asthma management guidelines, patient and healthcare professional education, regular asthma monitoring and assessment, review of inhaler technique, provision of a written asthma action plan, use of digital technologies.

Key words: bronchial asthma, asthma control, COVID-19.

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