

PRACTICAL MEANING OF ACTIVITIES OF «ASTHMA CLINICS» IN IMPROVING THE QUALITY OF LIFE IN PATIENTS WITH BRONCHIAL ASTHMA

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Abstract. *The study of risk factors leading to the development of asthma is conducted in the form of a survey and interviews. 52 % of patients with a diagnosis of asthma noted the presence of the disease among close relatives. Among the risk factors that lead to bronchial asthma, the most common are pollen, tobacco (49,1 %). 59,2 % of patients diagnosed with asthma do not follow the diet. 27,3 % of them are abused bitter, salty and high cholesterol food. 44 % do not get enough fruits and vegetables, protein-rich foods.*

Keywords: *asthma, nurses; primary health care; prevention; risk factors.*

ПРАКТИЧЕСКОЕ ЗНАЧЕНИЕ ДЕЯТЕЛЬНОСТИ «АСТМА ШКОЛ» В РАМКАХ УЛУЧШЕНИЯ КАЧЕСТВА ЖИЗНИ БОЛЬНЫХ С БРОНХИАЛЬНОЙ АСТМОЙ

Аннотация. *Изучение факторов риска, приводящих к развитию бронхиальной астмы, проводится в виде опроса и интервью в ходе динамического наблюдения. 52 % пациентов с диагнозом бронхиальной астмы отметили наследственную отягощенность по atopическим заболеваниям. Основным этиологическим фактором atopических заболеваний, в том числе бронхиальной астмы являются бытовые, пыльцевые, эпидермальные и пр. аллергены. В частности среди пациентов нашей группы этиологическим фактором являются пыльца растений, табак (49,1 %). 59,2 % больных с диагнозом бронхиальная астма режим питания не соблюдают. 27,3 % из них злоупотребляли горькой, соленной и богатой холестерином пищей. 44 % опрошенных не получали достаточное количество фруктов и овощей, богатых белком продуктов.*

Ключевые слова: *бронхиальная астма; медицинские сестры; первичное звено здравоохранения; профилактика; факторы риска.*

INTRODUCTION

Despite the improvement in diagnosis and treatment, the prevalence and mortality due to bronchial asthma (BA) in the world is increasing every year. In many cases, the risk factors for the disease are severe and prolonged, therapy-resistant asthma attacks, severe respiratory failure. Until now, there is death from status asthmaticus. In this regard, bronchial asthma is becoming not only a medical, but also an important socio-economic and social problem.

The purpose of the study: to study the effect of trigger factors on the clinical course of bronchial asthma.

MATERIALS AND METHODS

The object of the study - patients with bronchial asthma (BA) of varying severity. The assessment of the quality of life of patients suffering from asthma is carried out in the form of a

survey and interviews during the dynamic observation of doctors. During the survey, special attention is paid to the clinical stage of bronchial asthma, physical activity, general health, sensitivity to pain, mental and physical influences, and patient viability. The study of vital activity and quality of life of patients with AD.

RESULTS

Among those examined, 72.7% were patients aged 20-39 years, 34.4% - 40-49 years old, 24.5% - over 50 years old. Patients from a family consisting of 1-3 people accounted for 11.9%, 4-6 people - 67.4%, 7 or more people - 20%. Among the surveyed patients, 12.7% had completed higher education, 2.8% had incomplete higher education, 46.0% had secondary education, 28.8% had secondary special education, and 9.7% had primary education. 86.9% of patients lived in this area for 5 years or more. When collecting an anamnesis, 52% of patients revealed a hereditary burden for atopic diseases. In 48% of patients, hereditary burden was not revealed. Acute respiratory viral infection (ARVI) of the upper respiratory tract plays an important role in the development of exacerbation of bronchial asthma. Patients who had ARVI 4 times or more during the year accounted for 22.7%, 2-3 times - 53.7%, 1 time - 23.6%. Among patients with bronchial asthma, industrial workers accounted for 34%, agricultural workers - 28%, construction workers - 5.1%, motor transport workers - 6%, those associated with food production - 11%. In 52% of the examined patients, the total work experience in the specialty was 9 years or more, in 20% - 6-8 years, in 28% - 4-5 years. As it turned out, with an increase in work experience, the risk of developing severe stages of bronchial asthma increases.

As a result of the survey, it was found that the majority of patients were in contact with the allergen in textile factories, spinning and weaving factories, shoe factories, brick factories.

DISCUSSION

At these enterprises, allergens enter mainly through the respiratory route to the mucous membrane of the upper respiratory tract, therefore, exacerbations of the disease occurred in workers with prolonged contact with allergens. An analysis of living conditions showed that 26.2% of patients live in their own homes, the rest in multi-storey panel buildings. 4.4% - rated their housing as poorly lit, respectively, 16.7% noted dampness, that is, the living conditions of a fifth of patients with bronchial asthma did not meet sanitary and hygienic standards. The severity of the disease is directly affected by the diet and the etiological nature of the disease. Our survey showed that 59.2% of patients participating in the study as a whole do not adhere to a diet, 16.9% consume foods rich in cholesterol, 19.9% fried foods.

Bronchial asthma often impairs the patient's quality of life. The presence of a patient with asthma in the family requires a number of lifestyle restrictions from other family members. Unfavorable results of treatment of patients with asthma are often associated with a low level of compliance between the patient and the doctor, with a limited amount of patient knowledge about their disease. In "Asthma-schools" on the basis of the Republican Scientific and Specialized Center of Allergology, classes in "Asthma-school" are held 3-4 times a week in the afternoon. After training in Asthma Schools, allergists note a change in the habitual stereotypes of patient behavior, so school education should be aimed not only at obtaining certain knowledge by students, but also at developing the necessary skills to improve the quality of life of people with changed abilities. Raising patient awareness promotes the conscious active participation of the patient and his family members in the rehabilitation process. About 61% of patients after training in "Asthma-schools" follow the recommendations of doctors.

As a result of patient education, severe bronchial asthma easily passes into a mild stage as a result of adequate and timely treatment. Providing first aid and self-control techniques in case of an asthma attack”, “Medications”, “Physiotherapeutic treatment and breathing exercises for bronchial asthma”.

The use of modern methods of presenting the material will achieve a better assimilation of knowledge. The information should highlight the most important points, it should be compact. Thus, our studies allowed us to draw the following conclusions: 76% of the patients participating in the study have a secondary education. Most patients lived in rural areas for more than 5 years. 52% of patients diagnosed with bronchial asthma noted the presence of a hereditary burden for atopic diseases. Among the risk factors that lead to bronchial asthma, the most common are plant pollen, tobacco 49.1%. 59.2% of patients diagnosed with bronchial asthma diet is not observed at all.

CONCLUSIONS

When planning a lesson, it is also necessary to take into account the age characteristics of the audience. In practical classes conducted by a doctor and mid-level medical staff, patients are taught methods of self-control of breathing, keeping a diary using modern color zone methods, first aid tactics for an attack, exercise therapy techniques and various methods of breathing exercises, and the use of various types of nebulizers. Once a year after the end of the "asthma school" a questionnaire is conducted, a health check is carried out in order to assess the impact of training on the patient's quality of life and the course of the underlying disease. Key statistics need to be monitored regularly.

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