

бути рекомендована для базисної терапії БА. Після 2–3 місяців повного контролю БА, згідно з GINA 2014, необхідно зробити «крок назад» («step down») і залишити тільки монотерапію ІКС (Флутіксоном), що дозволить не тільки зменшити медикаментозне навантаження на організм, але й підвищить прихильність хворих до лікування БА [28].

Ключові слова: бронхіальна астма, контроль, ІКС, ТДБА.

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NEW POSSIBILITIES OF STABLE CONTROL OF BRONCHIAL ASTHMA

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Summary

Bronchial asthma (BA) is the most common chronic disease of the lower respiratory tract of non-infectious inflammatory nature, which affects about 300 million people worldwide. Over 88 % of patients with moderate to severe persistent asthma have not completely control of disease, even in the presence of anti-inflammatory therapy. Moreover, despite the maximum amount of inhaled corticosteroids therapy (inhaled corticosteroids) in combination with long-acting β_2 -agonists (LABA), completely uncontrollable asthma occurs in 5 to 10% of cases according to different sources.

Preparations for the treatment of AD is traditionally divided into two groups: basic drugs, supportive care, and emergency drugs for relief of symptoms.

Leading drugs in this group are inhaled corticosteroids, which have a direct relaxing effect on smooth muscle of the bronchus, but reduces bronchial hyperreactivity and reduce the frequency of exacerbations of asthma. However, with increasing doses of inhaled corticosteroids also increase the risk of adverse side effects. If you can not achieve asthma

control using inhaled corticosteroids alone, you must assign a combination therapy with long-acting β_2 -agonist (LABA).

Formoterol – LABA, is a selective full agonist of β_2 -adrenergic receptors. Unlike salmeterol, bronchodilator action of formoterol begins rapidly after 3–5 minutes after inhalation, it exhibits a dose-dependent effect and duration of action up to 12 hours, as well as salmeterol. Formoterol is recommended to use as maintenance therapy in patients receiving inhaled corticosteroids, and as a drug rescue medicine [18].

The study included 20 patients with acute exacerbation of asthma between the ages of 18 to 77 years admitted to the pulmonology department. Patients on outpatient stage used the short-acting bronchodilators from 5 to 16 breaths per day and inhaled corticosteroids. In a hospital after the elimination of exacerbation by nebulized salbutamol and fluticasone solutions patients received formoterol (Zafiron) 12 mg 2 times daily and fluticasone propionate (Flutikson) 250 mg 2 times a day. Choice of Zafiron was dictated by the fact that patients with controlled asthma without symptoms, onset of action is not significant, but patients with acute exacerbation of asthma needed to have medication with rapid onset of action

Promising results were obtained, and in the assessment of patients after 4 weeks of treatment assignment. Thus, good control was noted in 14 (70 %), partial control – 3 (15 %), uncontrolled asthma – 3 (15 %) patients.

Combination therapy conducted separately with Zafiron and Flutikson 250 mg capsules for inhalation, is effective and can be recommended for the basic treatment of asthma. After 2–3 months of full control of asthma, according to GINA 2014, you must make a «step down» and leave only monotherapy with inhaled corticosteroids (Flutiksonom) that will not only reduce pill burden on the body, but also increase the patients compliance in treatment of asthma.

Key words: asthma, control, ICS, LABA.

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