

overweight and who had breastfeeding more than 6 months, the risk of developing bronchial asthma was three times higher in future life.

**Conclusions.** 1. Overweight at birth is associated with a high risk of developing bronchial asthma in children (RR – 3,17 (95% CI 0,98-10,1)).

2. The presence of breast-feeding up to 6 months and longer was associated with the risk of developing bronchial asthma in children with a sensitivity of 84,9% and a specificity of 88,8%.

3. Children who had breastfeeding more than 6 months is determined by the high risk of implementing bronchial asthma, which should cause particular disturbance to district pediatricians for the timely detection and initiation of treatment of the disease.

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## **THE MODERN OPPORTUNITIES FOR INCREASING THE CONTROL OF BRONCHIAL ASTHMA IN SCHOOL-AGE CHILDREN**

**Purpose of the study.** To increase the controllability of asthma in school-age children by using Nucleinate as a component in the complex therapy.

**Material and methods.** 45 school-age children with asthma in the remission period were comprehensively examined in the pulmonology department of the Chernivtsi Regional Children's Clinical Hospital. Nucleinat was taken at a dose of 0.25 g in day for 21 days in the complex of basic therapy prepared in accordance with the International Consensus for the treatment of asthma in children. This clinical group included 31 boys (68.8%) and 14 girls (31.1%), and the average age of patients was  $11.8 \pm 0.5$  years. Mild asthma was observed in 4 patients ( $8,9 \pm 4,2\%$ ), moderate asthma in 26 children ( $66,7 \pm 7,4\%$ ) and severe - in 15 patients ( $33,3 \pm 7,0\%$ ). All children underwent a baseline assessment of asthma control with the help of a survey before and after the course of anti-inflammatory therapy. The function of external respiration was assessed according to the indices of FEV1 (forced expiratory volume for the first second) and PEF (peak expiratory flow rate). At the same time, the above indicators were estimated as follows: if the FEV1 and the PEF were more than 90% of the norm - 0, 80-89% - 1, 70-79% - 2, 60-69% - 3 and less than 60% - 4 points. The effectiveness of the control therapy was analyzed according to the sum dynamics

of the spirographic examination, in such a way that, given the deterioration in the control of the BA, the score increased. All patients were assessed by hypersensitivity of the respiratory tract using the MicroLab portable calibration spirometer from Micro Medical. Hypersensitivity of the bronchi was assessed according to the provoking dose of histamine, which reduces the forced expiratory volume in the first second by 20% (PC20H), and the cumulative dose (PD20H) using serial dilutions of histamine. The obtained results were analyzed by variational statistics methods using statistical software StatSoft Statistica v5.0.

**Results and discussion.** It was noted that after treatment a part of children who needed frequent use of short-acting  $\beta$ 2-agonists (an average of 4-7 doses per week) decreased. So, before the start of treatment, the need was indicated in 46.6% of patients, and after only 22.2% of patients ( $P < 0.05$ ). At the same time, school-age children had a significant decrease in the score of the clinical state of children (from  $15 \pm 0.8$  points before treatment to  $11.1 \pm 0.8$  points after ( $p < 0.05$ )). In our opinion, the results indicated that the introduction of Nucleinate into the complex of anti-inflammatory therapy of asthma caused an increase in the level of disease control. After treatment in children, a decrease in the bronchial hypersensitivity in the form of an increase in the provoking and cumulative doses of histamine by 2.6 times was revealed. So, before using the drug, provoking and cumulative doses of histamine were  $1.02 \pm 0.2$  mg / ml and  $0.22 \pm 0.04$  mg, and after treatment -  $3.6 \pm 1.3$  mg / ml and  $0.8 \pm 0.3$  mg, respectively ( $p < 0.05$ ). Simultaneously after treatment, the hypersensitivity of the respiratory tract decreased in 57.8% of patients. In our opinion, the results can be explained by a decrease in the inflammatory component of bronchial hypersensitivity under the influence of complex treatment.

**Conclusions:** 1. The use of Nucleinate in the complex of anti-inflammatory therapy reliably allows to achieve a better level of bronchial asthma control in school-age children. 2. The use of Nucleinate in the complex of basic therapy of bronchial asthma in children can reliably reduce bronchial hypersensitivity due to a likely decrease in the activity of the inflammatory process of the respiratory tract.