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## **QUALITY OF LIFE OF CHILDREN WITH BRONCHIAL ASTHMA IN THE PRESENCE OF EOSINOPHILE INFLAMMATORY PATTERN**

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The aim of the study was to assess the quality of life for children with asthma and their parents, according to the questionnaires PAQLQ and PACQLQ in the period of clinical well-being.

To achieve the goal of work, 165 school-age patients with persistent bronchial asthma (pBA) were examined in the Pulmonology and Allergology Department of Cabinet Regional Children's Clinical Hospital in Chernivtsi. The first (I) clinical group was formed by 65 children in whom the average relative content of eosinophils in sputum exceeded 3% and was equal to  $16.2 \pm 2.28\%$ , and the average absolute eosinophilic number (AEN) of blood in these patients reached  $658.5 \pm 45.26$  cells/mm<sup>3</sup>. The second (II) group included 66 sick schoolchildren, in whom the average content of eosinophilic granulocytes in the sputum was only  $0.6 \pm 0.1\%$  ( $p < 0.001$ ), and the average AEN coincided with the data of the first clinical group and amounted to  $638.7 \pm 41.92$  cells/mm<sup>3</sup> ( $p > 0.05$ ). The control group was formed by their peers suffering from pBA, with normal content of acidophilic granulocytes in both blood and sputum.

According to the methodology of quality assessment of life according to the PAQLQ questionnaire and based on the average results of questioning of patients from clinical comparison groups, we may conclude that despite the lack of statistically significant differences, the emotional state in patients with eosinophilic inflammatory pattern showed better self-esteem (5.0 points on average in children of group I; 4.7 points in patients of group II; and 4.2 in patients of the control group,  $p > 0.05$ ), and, therefore, children were less worried about fear, frustration, irritability, anxiety due to illness, etc. In the control group, the domain of self-assessment of the symptoms of the disease received the highest score, so that in the opinion of children, the disease had little effect on their quality of life. However, the domain of activity restriction related to games, sports, etc., received the lowest self-esteem, indicating a decrease in quality of life caused by bronchial asthma (4.7, 4.3, and 3.9 points, respectively,  $p > 0.05$ ).

Parental assessments of emotional stress associated with feelings of helplessness, frustration, and irritability on the PACQLQ scale due to childhood asthma were worse in clinical groups I and II compared to the children's self-esteem on the PAQLQ emotional domain. In contrast, the domain of emotional stress of the parents of patients in the control group was evaluated higher compared to the self-esteem of their sick children on the PAQLQ scale.

Thus, even the subjective nature of the responses indicated that, on the one hand, children with eosinophilic allergic inflammation of the mucosa of the respiratory tract underestimate the severity of asthma symptoms. The parents together with their sick children experience the impact of the restricted activity on quality of life. Parents of the control group feel less emotional stress due to the illness of their children, possibly because of higher self-esteem of patients the symptoms of pBA. But we should emphasize, that in all surveyed patients with pBA, the quality of life suffered the most due to limited daily activity.

**Lozyuk I.Ya.**

## **FEATURES OF GENEALOGICAL HISTORY IN CHILDREN WITH COMBINED PATHOLOGY OF THE UPPER GASTROINTESTINAL TRACT AND FOOD ALLERGY**

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A bibliosemantic study has shown an increase in comorbid pathology in children in recent years, namely an increase in the incidence of patients with diseases of the upper gastrointestinal tract in combination with food allergies (FA).

The aim of our work was to trace the hereditary family burden in children with combined pathology.