

In patients from the third group, the level of HbA1c averaged 9.30%. Of these, the ideal level of glycemic control was observed in four children, the optimal - in 12, suboptimal - in 17 and indicators of high risk for life were found in 28 patients.

So, in 66 children (35.4%) of the Chernivtsi region, ideal and optimal levels of glycemic control were found, which minimizes the risk of acute and chronic complications. Suboptimal glycemic control was found in 64 children (34.4%) and glycemic control with a high risk for life was found in 56 children (30.2%). The largest number of children with HbA1c levels above 9.0% was observed in the second and third age groups (26.9%), which is associated with the puberty period, the rapid growth of the child, and a decrease in the sensitivity of peripheral tissues to insulin.

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IS PEDIATRIC ASTHMA CAREGIVER'S QUALITY OF LIFE QUESTIONNAIRE A USEFUL TEST FOR ASTHMA CONTROL ASSESSMENT IN SCHOOL-AGE CHILDREN?

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Bronchial asthma is the most common chronic disorder of airways in children and adult in the last decades. It is considered as medical, social and economical problem in worldwide. Persistence of asthma symptoms leads to missing children at school, adults at work, limitation of habitual physical activity, emotional lability, unplanned visits to doctors, hospitalizations. All above reduce the quality of life of children which suffering from bronchial asthma, their parents (caregivers) and adult patients.

A lot of questionnaires have been developed to evaluate the level of control of bronchial asthma symptoms however they are subjective and do not always adequately assess the level of control among children. Assessment the quality of life indirectly determines the level of bronchial asthma control.

The aim of investigation was identified relationships between asthma control questionnaire and the questionnaire to assess the quality of life of parents of patients with bronchial asthma to improve the diagnostic of the level of asthma control in school-age children.

On the base of the Children Clinical Hospital (Chernivtsi) were observed 64 children who are suffered from bronchial asthma. According to the age of patients two clinical groups were formed. The first (I) group included 24 patients aged 6-11 years, the second (II) group was formed of 40 adolescents from 12 to 18 years. The clinical groups were compared by gender, place of residence, severity and duration of illness. The «Asthma control test» (ACT) was used to determine the level of control. The quality of life of parents of children which suffering from bronchial asthma assessed by the «Pediatric asthma caregiver's quality of life questionnaire» (PACQLQ).

According to the results of the ACT the average value of the scores was 16.3 (95% confidential interval (CI) 14,3-18,3) in patients of I clinical group versus 15.6 (95% CI 14.2-16.5) (P>0.05) in older school-age children(P>0,05).

There were no differences in the comparison groups according to the results of the parents' responses to PACQLQ. The mean PACQLQ for parents of primary school-age patients was 3.4 (95% CI 3.1-3.8), points, for parents of children in II clinical group II the average value of the score was 3.5 (95% CI 3.1-3.9).

The correlation analyses of ACT and PACQLQ was found that patients and their parents of the first clinical group had a direct significant relationship (r = 0.64, P < 0.05). At the same time, this correlation was lost among adolescents and their parents (r = 0.29, P > 0.05).

Thus, the PACQLQ advisable to use for assess the level of bronchial asthma control in primary-school children to optimize the diagnostic of asthma symptoms monitoring.