

Available online at www.sciencedirect.com**ScienceDirect**journal homepage: <http://www.elsevier.com/locate/kontakt>**Review article****Medico-social aspects of patients with bronchial asthma****Dana Lauková ****University Hospital of Nitra, Ambulance of Pneumology and Ftizeology, Nitra, Slovak Republic*

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ABSTRACT

In the past three decades, there was a visible increase regarding asthma prevalence and allergic diseases all around the world, especially in countries with a Western lifestyle, so called westernization. Bronchial asthma affects the quality of life of asthmatic and his family. The health determinants have an impact on the onset and development of bronchial asthma. The cause of an allergy is a combination of 50% of genetic factors and an additional 50% involving environmental factors. The onset and development of atopy and asthma is dependent on many factors, such as environmental factors (indoor and outdoor air pollution, domestic animals, allergens, tobacco smoke, hormones, endotoxins) and personal factors (gender, smoking, obesity, food, diet, breastfeeding, development of lungs). There is confirmation of major association of asthma with low birth weight, mothers' family background, which interacts with socio-economic status. The development of asthma affects increased intake of sodium, decreased intake of fruit, vegetables and fish. A positive effect has the intake of coffee (caffeine) and vitamin C. Exposure to harmful substances has been associated with workplace factors (occupational asthma), residential housing and lifestyle habits, which depend on social status. It was discovered, that there is an association between asthma and being overweight as well. Maternal stress during pregnancy, stress in the family, maternal anxiety, lack of functioning within family, may also be a trigger for the onset and development of asthma. Poorly controlled bronchial asthma increases direct and indirect health care costs, limits asthmatics at work as well as in their daily life. Precautions and stabilization of this disease can also insure the knowledge of the various medico-social aspects of patients with bronchial asthma.

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Introduction

Asthma bronchiale is defined as a chronic inflammatory disorder of airways, in which many cells and cellular elements play a role. The chronic inflammation is associated with airway hyper-responsiveness that leads to recurrent episodes of wheezing, breathlessness and chest tightness and coughing, particularly at night and in the early morning hours. These episodes are usually associated either with variable airflow obstruction, which is often reversible spontaneously, or through treatment.

Asthma bronchiale is a disorder occurring among both children and adults, and has medical, social and economic consequences for not only the patients and their families, but also society as a whole. It impacts the quality of life, and with age and other factors (social status, cooperation of patient, their education and ability to educate, work and live in a domestic environment) can significantly limit with other comorbid the life of a patient (especially employment, schooling, self-sufficiency in the domestic environment).

The problem becomes quite serious because of the expensive treatment of asthmatics, which is paid for by insurance company and partially by patient as well (additional costs for medicine). The high expenses for treatment are having a negative impact on an economic burden of patients and their families, impairs the capacity of asthmatics to work (sick leave), and effects their social status. Impaired asthmatic problems are increasing the costs for treatments of asthmatics, paid for by health insurance companies (for example medicines, frequency of examination in ambulances, hospitalization according to the degree of worsening of asthmatic difficulties, medical equipment, oxygen therapy, and biological therapy).

The low socio-economic status of individual usually associates with high mortality and morbidity of some chronic diseases, including cardiovascular disease, chronic obstructive pulmonary disease (COPD) and diabetes mellitus [1,2]. A number of studies highlights the evolution of the health situation during the 19th and 20th centuries, what have shown that clinical medicine, howsoever helpful to humanity, have not contributed greatly to the improvement of the health of large population units. Medical is, in many chronic diseases ineffective, very expensive and it usually occurs too late. The society still spends more resources on management of diseases, but greatly underestimates that the onset of diseases are mainly through the external influences. It is necessary to adjust those, in order not to harm people. The increasing costs of health services are not leading to an improvement of people's health condition. The growing differences in the level of health between social groups are caused by different environmental conditions (housing, food, etc.), lifestyle and different availability of healthcare services [3-6]. Health care does not start in ambulances and a hospital, where with only great effort, can what is broken be fixed. Health begins at schools, families, and in work environments. If the intention is to improve the health of people, it is not enough to rely only on the health sector. It is necessary to take into account a wide range of health determinants and look for ways to positively influence them [3]. Determinants of health are most often

divided into four basic groups: lifestyle, genetic background, healthcare, healthcare service and environment (cultural, economic, social and other conditions of people's lives).

Lately, there are more and more advocating the importance of the social determinants regarding health. Improvement of socio-economic determinants can improve the quality of health and prevent the onset or full development of a disease.

The literature shows especially effects of following ten determinants [7,8]:

1. Health depends on a social gradient.
2. Stress harms health.
3. Health and social conditions in childhood influence further development of the individuals' health.
4. Poverty and social isolation shortens life.
5. Stress in a workplace increases the risk of diseases.
6. Job security improves health; unemployment is the cause of disease and premature death.
7. Social support and social contacts improves health.
8. The social environment influences the consumption of alcohol, cigarettes and drugs.
9. Healthy food is a political issue.
10. Using healthy transport, such as walking, cycling and a good public transport.

Those determinants are, up until now, often underestimated. In addition, the cause of health problems is, in some cases considered a lifestyle issue with some specific characteristics.

Among people, there are great differences in the relationship between health and the utilization of healthcare. The roots of these disparities often are based on socio-economic conditions. Ten social determinants of health mentioned by Wilkinson and Marmot t. no. are the most comprehensive analysis of the health of an individual. These 10 aspects are: social status, stress, childhood, social exclusion, work, unemployment, social support, nutrition, addiction and transport [9]. The timeliness of their conception has been also confirmed by the global health organization, by establishing the Commission on Social Determinants of Health (WHO's Commission on Social Determinants of Health), which points out that the social determinants of health are important in the search for the causes of inequalities in health [10]. The necessity of this subject confirms the Political declaration of social determinants of health adopted in Rio de Janeiro in October 2011 [11]. The basic determinants of socio-economic status include employment, educational attainment and income. These determinants follow stress. The worsening of social conditions can lead to anxiety, low self-esteem and social isolation, which have a negative impact on the somatic and mental health of the individual. These psychosocial risks can accumulate throughout life and worsen mental health and increase premature death [9]. The poor social conditions of the mother during pregnancy may threaten the optimal development of the foetus and increase the health risks that may occur later in life. Social conditions in childhood have a significant impact on their health status in adulthood [9,12]. At the same time, a mistaken understanding of the emancipation of women that leads to an increase of smoking and alcohol consumption creates a high risk. Unemployment is also a risk

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