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ORIGINAL ARTICLE

Study the pattern of bronchial asthma among outpatients clinic at Sohag and Akhmeem Chest Hospitals



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KEYWORDS

Bronchial asthma;
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Abstract *Background:* While asthma represents a global public health issue due to high prevalence rates in the general population, several studies now indicate that the impact on public health is even more severe due to inadequate health care or the difficulty in achieving full disease control with available therapies.

Aim of the work: The aim of the present study is to evaluate the pattern, risk factors, level of control and management of bronchial asthma among outpatients clinic at Sohag and Akhmeem Chest Hospitals.

Subjects and methods: This study was conducted at Sohag and Akhmeem Chest Hospitals in the period between January 2011 and June 2011 and included 100 adult outpatients with bronchial asthma (BA) with a wide range of severity. Full history taking, thorough clinical examination, CXR, Peak expiratory flow (PEF), Asthma control test (ACT) questionnaire for all patients were done.

Results: By using ACT, from one hundred cases of our study: 18% of cases have controlled asthma, 39% of cases have not well controlled asthma, 43% of cases have poorly controlled asthma. Tobacco smoke and infections were the most common precipitating factors to bronchial asthma. Inhalation therapy was used by 70% of the patients and MDI is the most commonly used inhalation device.

Conclusions: There is need for improved asthma care in patients with moderate-to-severe asthma, including a global evaluation of asthma control, implementation of treatment plans and asthma control tests and addressing precipitating factors.

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Abbreviations: ACT, asthma control test; BA, bronchial asthma; PEF, peak expiratory flow.

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Introduction

Bronchial asthma is one of the most common chronic respiratory tract diseases, with an incidence that rises every year [1].

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Asthma is characterized by chronic airway inflammation, airway hyper-responsiveness, and irreversible airway remodeling, but its pathogenesis is unclear. Present asthma treatments mainly rely on long-term inhaled corticosteroids (ICS). While ICS relieve bronchial asthma, they cannot manage refractory asthma involving hormonal resistance and hormone dependence. Further, ICS cause side effects such as growth and development inhibition, obesity, and osteone crisis. Therefore, it is urgent to further understand the pathogenesis of asthma and identify new methods to treat airway inflammation [2]. The World Health Organization (2014) estimates that 300 million people are affected by the disease, and that by 2025, another 100 million will have been affected.

Asthma occurs at high frequency in young and older adults. Several factors that influence the prevalence of asthma include obesity, atopy and allergic rhinitis, genetic, family history, exposure to allergens at an early age, and smoking history. Tobacco smoking makes asthma more difficult to control, results in more frequent exacerbations and hospital admission, and produces a more rapid decline in lung function and increased risk of death [3].

Quality of life, perceptions of asthma control, and depression are psychosocial factors worth assessing over time,

because they may affect directly the ability to engage in self-management of asthma and affect indirectly asthma morbidity and mortality outcomes. Both asthma specific and generic quality of life measures are associated with patients' perceived control of asthma [4].

Aim of the work

The aim of the present study is to evaluate the pattern, risk factors, level of control and management of bronchial asthma among outpatients clinic at Sohag and Akhmeem Chest Hospitals.

Subjects and methods

This study was conducted at Sohag and Akhmeem Chest Hospitals and included 100 adult outpatients with bronchial asthma with a wide range of severity to provide adequate epidemiological analysis and evaluate the level of control and management of bronchial asthma at these cities in the period between January 2011 and June 2011.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)	SCORE <input type="text"/>
2. During the past 4 weeks, how often have you had shortness of breath?	More than once a day (1)	Once a day (2)	3 to 6 times a week (3)	Once or twice a week (4)	Not at all (5)	<input type="text"/>
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	4 or more nights a week (1)	2 or 3 nights a week (2)	Once a week (3)	Once or twice (4)	Not at all (5)	<input type="text"/>
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	3 or more times per day (1)	1 or 2 times per day (2)	2 or 3 times per week (3)	Once a week or less (4)	Not at all (5)	<input type="text"/>
5. How would you rate your asthma control during the past 4 weeks?	Not controlled at all (1)	Poorly controlled (2)	Somewhat controlled (3)	Well controlled (4)	Completely controlled (5)	<input type="text"/>

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