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PREVENTION OF BRONCHIAL ASTHMA IN CHILDREN AND TEENAGERS

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Kudratova Gulsara Najmitdinovna

Associate Professor, Department Of Pediatrics, Faculty Of Medicine, Uzbekistan

Ibragimova Yulduz Botyrovna

Assistant, Department Of Pediatrics, Faculty Of Medicine, Samarkand. Uzbekistan

ABSTRACT

Bronchial asthma is considered a chronic disease and causes many health problems for the population. The disease is based on a genetic predisposition. Children whose parents have allergic diseases (bronchial asthma, allergic rhinitis, atopic dermatitis, eczema, Quincke's edema, etc.) have asthma in the first year of life the tendency to develop the disease is high. (25% if father or mother is sick with allergic diseases, 50% if allergic diseases are observed in both father and mother).

KEYWORDS

Bronchial asthma, risk factors, children, teenagers, prevention.

INTRODUCTION

As a result of the inspections, it was found that adverse effects of environmental and professional factors on the mother and her fetus, irrational nutrition, exposure to the child's body of high allergenic factors, respiratory infections, etc. on the origin of asthma.

In the last ten years, the prevalence of bronchial asthma and allergic diseases among children has been revealed.

This can be attributed to various factors:

An increase in the number of children who are artificially fed from the age of one month; Changing

the home environment, i.e. hermetically closing the windows in the house, decorating the walls and floor with carpets, etc. they increase the humidity in the room and create conditions for the concentration of house dust and other allergens to increase;

Changes in child care - conditions are created for children to attend kindergartens and get sick with acute viral infections there;

The mother's bad habits are smoking cigarettes during pregnancy and after the birth of the child;

The source of exposure to air pollutants (air pollutants), mainly NO₂, is road transport.

The use of drugs for pregnant mothers with bronchial asthma has a negative effect on the developing fetus. Failure to observe elimination measures during pregnancy affects the health of the mother and the health of the unborn child.

Every patient with bronchial asthma, during pregnancy, should show himself to a pulmonologist, determine the cause of the disease, conduct allergy-specific tests, and receive the necessary recommendations for the treatment and prevention of the disease, depending on the results of the analysis. If the patient needs daily bronchodilators (berotek, salbutamol, ventolin), basic therapy, i.e. inhaled glucocorticoids, should be given. Before becoming pregnant, the mother should be examined by an obstetrician-gynecologist, she should be diagnosed with a hidden infection and undergo a planned treatment. During pregnancy, the course of bronchial

asthma can be different. In a certain part of pregnant women, the disease is in remission. Functional indicators of the external respiratory system are stable and normal, they do not need to be treated. For some, the mood worsens from the beginning of pregnancy, which is associated with a change in the hormonal background. It is often observed in the first and second trimester of pregnancy. Pregnant women with bronchial asthma must be under the supervision of a pulmonologist, they should check the state of the respiratory system in time. It was found out from the investigations carried out by scientists that the complications observed in pregnancy, that is, toxikosis, fetoplacental insufficiency, and underdevelopment of the fetus, were often observed as a result of the failure to treat bronchial asthma in women. Often, during pregnancy, women know that they have bronchial asthma and the factors that worsen their condition. Therefore, regardless of how the disease is treated, it is necessary to obey several conditions.

Building a healthy life.

1. Daytime work.
2. The working day must be planned
3. Must not be in contact with chemical and physical aggressive factors.
4. Quit bad habits (smoking, drinking).

Complete hypoallergenic nutrition

1. Before the diet, limit all food products that cause a reaction from the skin and respiratory tract.

2. Limiting all food products that increase the body's sensitivity - chocolate, strawberries, citrus fruits, fish, eggs and milk as much as possible.

3. If possible, to analyze the amount of specific IgE in the blood in food products.

4. The diet should consist mainly of home-cooked food, if possible, canned goods, smoked products should be limited. Household hypoallergenic.

90% of pregnant women with bronchial asthma have an overt or hidden allergy to house dust. House dust (pillow dust, pet skin, wool) is a common and dangerous allergen.

In order to reduce household allergens, it is necessary to do the following. Changing pillows and blankets (to cotton) and cleaning them with an acaracidic substance, putting on anti-allergic pillows, or washing them at low temperature with anti-mite agents.

1. Carpets, rugs, books, and pictures hanging on the wall should be removed from the bedroom.

2. Cleaning the rooms often

3. Do not be in contact with pets, do not enter the bedroom, wash them with anti-allergy shampoo.

Ventilate the rooms before going to bed.

1. Indoor flowers are a source of fungal allergens, be careful

2. Preventing the appearance of cockroaches in the rooms, because they cause allergies at a high level.

Recommendations for patients with hypersensitivity to plant dust

During the pollination period: Reduce contact by restricting access to villages.

When walking in the open air, protect your hair by wearing a hat, and protect your eyes by wearing glasses.

REFERENCES

1. Imanbaeva T. M., Shakim G. A., Ramazanova Sh. Kh. - Bronchial asthma in children // Collection of the 3rd Republican scientific and practical conference "Ecology and children's health". - Astana, 2000. - pp. 59–60
2. Chuchalin A.G. Bronchial asthma, Moscow.-1998.- T.1., T2.-383 p., 326.
3. Kudratova , G. ., & Xolmuradova , Z. . (2023). ERTA YOSHDAGI BOLALARDA SHIFOXONADAN TASHQARI PNEVMONIYADA KLINIK-ANAMNESTIK O`ZGARISHLAR. Евразийский журнал академических исследований, 3(2 Part 2), 39–42.
4. Ветров В.П., Длин В.В. и соавт. Рациональное применение антипиретиков у детей. Пособие для врачей. М: 2002;23.
5. Геппе Н.А., Зайцева О.В. Представления о механизмах лихорадки у детей и принципах жаропонижающей терапии. Рус мед журн 2003; 11:№1(173): 31–37.
6. Зайцева О.В., Щербакова М.Ю. Острые респираторные заболевания у детей: современные аспекты лечения и профилактики. Пособие для врачей. М: 2003.

7. Kudratova Gulsara Nazhmitdinovna, Kholmuradova Zilola Ergashevna, Ishkabulova Gulchekhra Dzhonkhurozovna, & Kodirova Shahlo Salahitdinovna. (2022). Costs Syndrome in Children, Causes, Comparative Diagnosis and Rational Therapy (Review of the article). The Peerian Journal, 6, 8–13.
8. Kudratova Gulsara Najmitdinovna, Ishkabulova Gulchekhra Dzhonkhurozovna, & Kholmuradova Zilola Ergashevna. (2023). CLINICAL AND ANAMNESTIC CHARACTERISTICS OF OUT-OF-HOSPITAL ZOTILJAM IN YOUNG CHILDREN. Galaxy International Interdisciplinary Research Journal, 11(2), 129–131.
9. Острые респираторные заболевания у детей: лечение и профилактика/ Научно-практическая программа Союза педиатров России. М: Международный фонд охраны здоровья матери и ребенка 2002;
10. Таточенко В.К. Педиатру на каждый день. Справочник по лекарственной терапии. М: 2002; 252.
11. Najmitdinovna K. G., Ergashevna K. Z. Acute Bronchiolitis in Children //Eurasian Research Bulletin. – 2022. – Т. 12. – С. 38-42.
12. Кудратова , Г., & Холмурадова , З. . (2022). ШИФОХОНАДАН ТАШҚАРИ ЗОТИЛЖАМ БИЛАН КАСАЛЛАНГАН БЕМОЛЛАРДА КОМОРБИД ПАТОЛОГИЯНИНГ ТУЗИЛИШИ. ЎТКИР ДАВРДА ЮРАК-ҚОН ТОМИРНИНГ ЎЗГАРИШИ.

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