THE COURSE OF CARDIOVASCULAR DISEASES IN PATIENTS WITH BRONCHIAL ASTHMA

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Bronchial asthma is one of the most common diseases of the bronchopulmonary system, and its incidence is steadily increasing worldwide. The incidence of comorbidity with other conditions, including cardiovascular disease, is also increasing.

The objective of the study was to examine the incidence of cardiovascular diseases in patients with bronchial asthma and the impact of cardiovascular diseases on the course and severity of asthma. It was found that cardiovascular pathology is more often recorded in the presence of existing asthma. Studies examining the relationship between asthma and the prevalence of coronary heart disease are of particular interest in the current era of comorbidity.

Study material and methods: To study the influence of medical and social factors, a group of 67 individuals was recruited. They were being monitored by an allergist with a diagnosis of bronchial asthma and by a cardiologist with a diagnosis of coronary artery disease. Standard statistical methods were used in processing and analyzing the study materials. Data from one clinical study, which examined 67 patients, are available. A full analysis of the data was conducted, taking into account age, gender, social status, and the nature of any underlying cardiovascular pathology. The severity of underlying asthma and coronary heart disease were adjusted for. All patients initially

underwent a physical examination, including anthropometric measurements and body mass index determination. Subjects underwent a spirograph test, Holter monitoring, an ECG, and 24-hour blood pressure measurements. The examination was conducted while receiving antihypertensive therapy. Therapy was considered ineffective or ineffective if blood pressure rose above 120/70 mmHg at night or above 140/80 mmHg during the day. Cardiac function and structure were also assessed using echocardiography.

Results: The study found that most patients suffered from persistent asthma. This form is most often associated with cardiac disorders. However, severe asthma was virtually uncommon in patients with comorbid cardiac conditions. Research has shown that abdominal obesity impacts respiratory function and vital capacity, leading to pathological changes in the lungs' ability to ventilate. It has been found that most studies focus on the association of asthma with cardiovascular disease, specifically hypertension and coronary artery disease (CAD). The small number of studies and the ambiguity of the data highlight the issue of the clinical and functional impact of cardiovascular disease and asthma.

Conclusions: Lung diseases must be considered inextricably linked to cardiovascular health. Comorbidity in people with bronchial asthma is high, with 30% of people with this condition diagnosed with concomitant cardiovascular disease. In recent years, cardiovascular disease prevention has received particular attention. It is necessary to select a strategy for diagnosing comorbid conditions within the context of bronchial asthma and cardiovascular disease. Furthermore, the high prevalence of cardiovascular disease in these patients poses a significant challenge in terms of prevention and treatment difficulties for existing bronchial asthma. Thus, the interaction of diseases, age, and drug-induced pathomorphism significantly alters the course of the

underlying disease, the nature and severity of complications, impairs the patient's quality of life, and limits or complicates the diagnostic and treatment process. Lung diseases must be considered inextricably linked to the state of the cardiovascular system.

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