CURRENT VIEWS ON THE PREVALENCE OF BRONCHIAL ASTHMA

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Bronchial asthma (BA), known to humankind since at least ancient times, is a serious global public health problem, characterised by heterogeneity in its aetiological factors and pathogenetic mechanisms, a wide range of clinical manifestations, from cough and recurrent respiratory tract infections—often presenting under the guise of 'frequently ill children' requiring regular medical follow-up-to life-threatening status asthmaticus.

Keywords: *bronchial asthma, incidence, allergic aetiology; atopic bronchial asthma, pollutants, allergens;*

The polymorphism of clinical manifestations of asthma is reflected in the variability of its course and severity, varying degrees of bronchial obstruction and hyperresponsiveness, and differing responses to bronchodilators and standard anti-inflammatory maintenance therapy. Epidemiological data indicate a rise in the prevalence of asthma worldwide. In recent decades, Western European countries have seen a twofold increase in the incidence of asthma among both adults and childrenIt is believed that the rise in asthma cases over the past 50 years is linked to factors such as reduced exposure to bacterial agents in early childhood, changes in diet and obesity, a decline in physical activity, less time spent outdoors, stress, exposure to air pollutants and environmental factors, as well as improvements in diagnosis. Higher

prevalence rates of asthma in children are observed in urban areas compared with rural areas, particularly in regions with significant air pollution from chemical compounds. A high incidence of asthma is also recorded among children in regions with a humid climate. Conversely, the prevalence of asthma in children is low in the Far North. The prevalence of asthma in children decreases as altitude above sea level increases. The risk of asthma is significant among children living in damp dwellings, in poor housing conditions, and exposed to second-hand smoke.

The prevalence of asthma varies within the population depending on age and gender. Before puberty, boys are more likely to suffer from asthma than girls; during puberty, the incidence of the condition becomes equal in both sexes, which is linked to the anatomical narrowness of the airways in boys compared with girls under the age of 12. The peak age for the onset of the condition was between the second and third years of life. Asthma, atopic dermatitis (AD) and allergic rhinitis (AR) are closely linked. Atopic dermatitis in infants may occur as part of the so-called atopic march, with the peak incidence of AD-which precedes the development of asthma and AR-being observed in the first years of life and then decreasing. As sensitisation progresses and shifts from initial food sensitisation to sensitisation to airborne allergens, the prevalence of asthma and allergic rhinitis increases. Depending on the aetiology, asthma is classified into allergic (atopic) and non-allergic (non-atopic) forms, each characterised by specific clinical and immunological features. Atopic asthma is the predominant form (accounting for over 90%) in children. In the non-allergic variant, allergen-specific class E antibodies are not detected on examination; there is a low level of total serum immunoglobulin E (IgE), and there is no other evidence of the involvement of type I hypersensitivity reactions in the pathogenesis of the disease, as classified by R. Gell and P. Coombs (1964). The development of non-allergic asthma 17 may be attributed to acute respiratory viral infections (ARVI), infections caused by

Mycoplasma pneumoniae, Chlamydophila pneumoniae, intolerance to non-steroidal anti-inflammatory drugs (NSAIDs), exposure to pollutants, physical exertion, and disruption of neuroendocrine regulation. In some patients who, at the onset of the disease, cannot be classified as atopic and who have not been sensitised to common allergens at an early age, IgE-mediated allergy develops later following exposure to high doses of allergens, often in combination with adjuvants such as tobacco smoke, other airborne pollutants.

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