

26.05.2022

РЕСПІРАТОРНІ АЛЕРГОЗИ



МІЖНАРОДНИЙ КОНГРЕС  
З ІНФУЗІЙНОЇ ТЕРАПІЇ

## RESOLUTION

### of Teleconference

# «Respiratory diseases should be treated locally.»

## «Respiratory allergosis»

May 26, 2022  
Kyiv, Ukraine

Almost 6 500 health care specialists have registered to participate in the Teleconference «Respiratory allergosis.»

The leading experts in the sphere of allergology, pulmonology, pediatrics, and dietology have shared their expert opinions and practical experience of management of patients with allergic rhinitis, asthma, bronchiolitis, and food allergy within the framework of the event.

Special attention was paid to the use of modern method for treatment of respiratory diseases – inhalation therapy. Updated evidence was provided on the benefits of inhalation medicines for respiratory diseases as evidence-based medicine.

2 workshops were demonstrated to the participants:

- Allergic rhinitis
- Asthma in children

Also five reports were offered to the participants for review and discussion and they were dealing with the following issues:

- Wheezing: is it always a sign of respiratory allergosis?
- Review of updated recommendations of GINA 2022. Specific features of asthma management under the conditions of war.
- Allergosis of respiratory tract and pathological hyperresponsiveness. How should the doctor act?
- Bronchiolitis in children. What should the pediatrician know?
- Food allergy and food intolerance?

At the end of the Teleconference there was an expert discussion of the topic «**How does martial law influence on management of patients with allergic diseases?**» in which the teleconference speakers Liudmyla Konopkina, Serhiy Zaikov, Kateryna Hashynova, Viktoriya Klymenko and Olena Rechkina took part.

### Conclusions and decisions based on discussion of reports:

1. The prevalence of AR goes up and is equal to 25-40%. In 80% of case AR starts at the age below 20. The maximum prevalence is among people aged 20-40 years.

Reasons:

- Urbanization.
- Air pollution – growth of the level of pollutants (transport).
- Climate change with longer period of pollination of plants in Europe.
- «New» smoking methods (electronic cigarettes – «heated tobacco products»).

- Traditional smoking – not associated with more severe AR (as opposed to chronic rhinitis). Smoking of mothers increases the risk of AR in a child.

Respiratory epithelium is the main barrier of the body, which protects against the penetration of allergens and the development of allergic inflammation. Barrier dysfunction is one of the main pathogenetic mechanisms for the development of inflammation of any genesis (including allergic rhinitis)! Respiratory cytoprotection is a component of pathogenetic therapy for inflammatory diseases.

2. Bronchiolitis is an acute viral infection of lower respiratory tract affecting children below 24 months of age and which is characterized by respiratory distress, hissing respiration and crepitation in lungs.

According to recommendations of AAP and SIGN, from the point of view of evidence-based medicine, the treatment of acute bronchiolitis is primarily concerned with providing adequate child care (nutrition and hydration) and supporting normal blood SatO<sub>2</sub>. The effectiveness of routine use of bronchodilators, glucocorticosteroids (GCS), antibiotics, antiviral drugs is not proven.

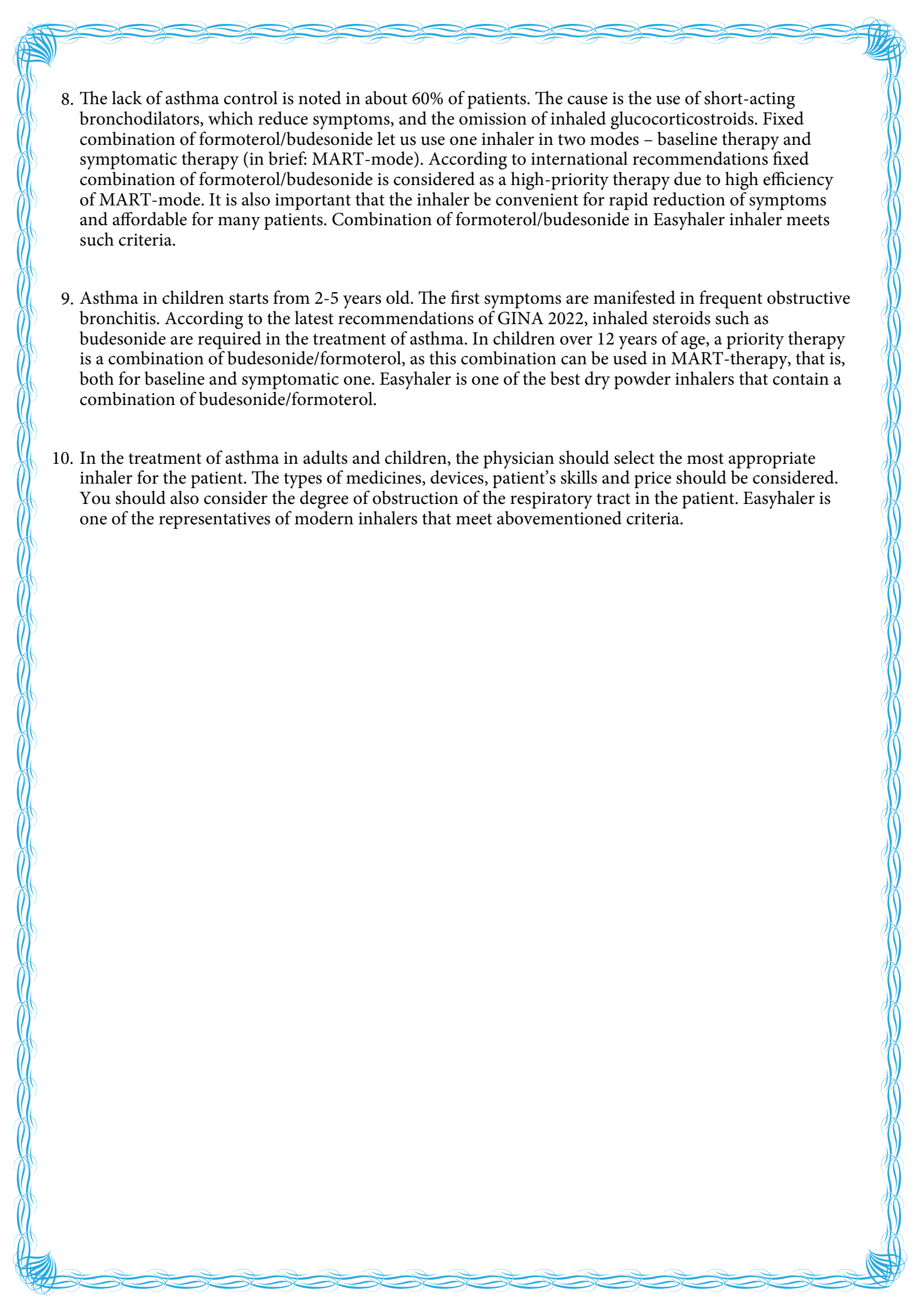
ADMINISTRATION OF SODIUM CHLORIDE (3%) HYPERTONIC SOLUTION REDUCED THE DURATION OF HOSPITAL STAY AND IMPROVED CLINICAL SYMPTOMS.

3. Physical reactions to certain products are quite common, but most of them are caused by food intolerance, not food allergies. Food intolerance can cause the same signs and symptoms as food allergies, so people often confuse these two concepts.

True food allergy causes a reaction of the immune system that affects numerous organs in the body. This can cause a number of symptoms. In some cases, an allergic reaction to food can be severe or life-threatening. Conversely, symptoms of food intolerance tend to be less severe and are often limited to digestive problems.

Food allergy persists throughout a person's life, and food intolerance (or food hypersensitivity) can disappear after solving the problems that provoked it.

4. Broncho-obstructive syndrome (wheezing) is a heterogeneous pathological condition that can be a manifestation of different nosologies, it is one of the most common symptomatic complexes in pediatric and therapeutic practice.
5. In accordance with international recommendations, inhaled bronchodilators and steroids should be used in the treatment of bronchial obstructive diseases (e.g., asthma, COPD, acute obstructive bronchitis). Inhaled salbutamol is a priority in the recommendations and has advantages in efficiency and safety over oral salbutamol. Nebulized fluticasone propionate is an alternative to oral steroids.
6. The first step in the treatment of wheezing caused by bronchial spasm is the application of salbutamol via a nebulizer, or spacer. Ipratropium bromide is added only in severe wheezing. Oral bronchial spasmolytics are not recommended due to the large number of side effects and lower efficiency compared to inhaled bronchial spasmolytics. In children with frequent virus-induced wheezing episodes and periodic symptoms of asthma, the occasional use of inhaled corticosteroids can be considered. Nebulized fluticasone propionate is considered a drug of choice for wheezing. For nebulizer inhalations, solutions in single-dose containers with minimal preservatives in auxiliary substances are recommended.
7. In children with wheezing of atopic genesis and periodic symptoms of asthma, the occasional use of inhaled corticosteroids can be considered. Nebulized fluticasone propionate is considered a drug of choice for atopic wheezing.

- 
8. The lack of asthma control is noted in about 60% of patients. The cause is the use of short-acting bronchodilators, which reduce symptoms, and the omission of inhaled glucocorticosteroids. Fixed combination of formoterol/budesonide let us use one inhaler in two modes – baseline therapy and symptomatic therapy (in brief: MART-mode). According to international recommendations fixed combination of formoterol/budesonide is considered as a high-priority therapy due to high efficiency of MART-mode. It is also important that the inhaler be convenient for rapid reduction of symptoms and affordable for many patients. Combination of formoterol/budesonide in Easyhaler inhaler meets such criteria.
  
  9. Asthma in children starts from 2-5 years old. The first symptoms are manifested in frequent obstructive bronchitis. According to the latest recommendations of GINA 2022, inhaled steroids such as budesonide are required in the treatment of asthma. In children over 12 years of age, a priority therapy is a combination of budesonide/formoterol, as this combination can be used in MART-therapy, that is, both for baseline and symptomatic one. Easyhaler is one of the best dry powder inhalers that contain a combination of budesonide/formoterol.
  
  10. In the treatment of asthma in adults and children, the physician should select the most appropriate inhaler for the patient. The types of medicines, devices, patient's skills and price should be considered. You should also consider the degree of obstruction of the respiratory tract in the patient. Easyhaler is one of the representatives of modern inhalers that meet abovementioned criteria.