

Dynamical Assessment of Bronchial Asthma Characteristics and Electrocardiographic Changes

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Abstract: in today's article, the following main complaints prevail among patients: falling asleep, frequent awakening, general weakness, lack of energy and rapid fatigue. A limited neurological syndrome, asthenia was observed only in patients with mild BA. In moderate severe BA, asthenic symptoms worsened, the main clinical manifestations of the disease were hypochondriacal attitude, painful anxiety and fears, negative attitude to treatment and distrust of doctors. Anxiety-phobic disorders were reported in 19% of patients.

Key word: Symptoms of depression in 15% of patients. They include depression, sad mood, crying, reluctance to communicate, in doing something, loss of former interests, pessimistic attitude to the future, self-dissatisfaction, guilt. , depression, insomnia, early awakening, lack of or increased appetite, weight loss.

Asthma (Greek asthma - choking, suffocation) is a suffocation attack caused by a sudden narrowing of the bronchial opening (see Bronchial asthma) or heart disease (see Cardiac asthma). When an asthma attack, immediate emergency medical care is required. Regardless of the cause of asthma, it is necessary to put the patient with the legs down and freshen the air in the room. Medicines are given only with the doctor's permission. Bronchial asthma is a chronic disease of the respiratory tract, which causes the narrowing of the bronchial channels and the reduction of air passage.

The most common symptoms of asthma include: difficulty breathing due to bronchospasm, coughing and wheezing attacks. These attacks occur especially at night and early in the morning. If the patient is treated for asthma, his symptoms may completely or partially disappear. Asthma attacks can occur when exposed to allergenic substances (dust, plant pollen, animal fur, feathers, certain types of food), physical exertion, breathing cold air, or respiratory tract infection. People prone to asthma usually complain of chest tightness, excessive salivation, sleep disturbance, or rapid breathing. It is important to be careful about factors that trigger asthma (allergens and exposure to cold weather). Treatment mainly includes

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taking bronchodilator drugs (such as steroids) that are used together with anti-inflammatory drugs. Physiotherapy procedures and breathing exercises should not be neglected.

First aid for asthma.

Bronchial asthma is an allergic disease characterized by occasional shortness of breath and suffocation attacks as a result of the narrowing of the small bronchi, the increase of the mucous membrane and mucus congestion. The attack occurs suddenly at different times, breathing it becomes difficult, especially exhalation, a whistling sound appears and it is heard in the distance. When breathing accelerates, viscous, glassy, difficult-to-migrate sputum is released. A suffocation attack can last from several minutes to several hours. In very severe cases, an asthmatic condition develops, in which the attack lasts for several days, or the attack does not go away, passing with short intervals.^[1]

RESEARCH RESULTS AND DISCUSSION

Taking into account clinical and functional indicators, all selected patients were divided into 2 groups. Group 1 - 35 (23%) patients with mild BA, group 2 - 118 (77%) patients with moderate BA. Both groups had a high average value of personal anxiety (51.76 ± 2.4 points in group 1 and 46.40 ± 1.6 points in group 2) and average reactive anxiety (respectively 28.61 ± 2.8 and 27.85 ± 1.8 points,) showed. A high level of anxiety was observed in 84 (55%) patients. It was found that the average value of indicators on the depression scale was higher in patients with moderate BA (23.6 ± 0.69) compared to group 1 (14.92 ± 1.16), which BA patients show a higher expression of depressive symptoms with increasing severity. On the other hand, depressive disorders cause patients to not comply with medical recommendations, to unreasonably reduce the dosage of medications, and to stop treatment. Individual and reactive anxiety values were noted to depend on the gender of the patient, in particular, the level of anxiety was higher in women than in men. Studies of mental disorders in BA patients have revealed many and varied psychopathological phenomena at the non-mental level. Often, patients did not associate their complaints with the pathology of the respiratory system. For 30% of patients, the reason for their health deterioration is serious illness or death of close relatives, complicated family situation, work, money, housing, chronic stressful situations (hard work, fatigue, conflicts at work, home, family members alcoholism, litigation, etc.). First of all, somatovegetative manifestations, together with anxiety and depression, made most of the patients turn to the therapist. Only 6 people previously referred to a psychologist or psychotherapist about an alarming psychological state: sleep disorders, panic, unreasonable tears, apathy. Three of them took tranquilizers and antidepressants. 48 of the patients under observation had occasional mood improvement and took mild sedatives (herbs, extracts, homeopathic remedies) to relieve anxiety. The following main complaints prevailed in patients: falling asleep, frequent awakening, general weakness, lack of energy and rapid fatigue. A limited neurological syndrome, asthenia was observed only in patients with mild BA. In moderate severe BA, asthenic symptoms worsened, the main clinical manifestations of the disease were hypochondriacal attitude, painful anxiety and fears, negative attitude to treatment and distrust of doctors. Anxiety-phobic disorders were observed in 19% of patients. Symptoms of depression appeared in 15% of patients. They have depression, sad mood, crying, reluctance to communicate, in doing something, loss of former interests, pessimistic attitude to the future, dissatisfaction with oneself, guilt, depression, insomnia, early awakening, complained of lack of appetite or increased weight loss. Many patients have panic symptoms in the form of anxious depression or panic attacks. At the same time, patients were cautious, silent, less interested in conversation with a psychologist than other topics, answered questions formally,



complained about lost health and a happy future. Nevertheless, all patients deny suicidal thoughts and intentions, solve all their difficulties on their own, external help or "self-improvement" (miracle solutions to problems hope to do) they believed it could be overcome. The treatment of anxiety-depressive disorders is complicated, and the expediency of depression treatment is determined with the participation of a psychiatrist, because many patients do not consider themselves ill and resist treatment. Avoidance of medication and psychotherapy may be due to lack of information about the necessary treatment, misunderstanding, or negative experience.^[2]

CONCLUSION

In short, somatic mental changes are often observed in medical practice. Somatic endogenous depression manifested in the form of affective pathology is detected in 12-25% of patients with chronic diseases. Somatic and vegetative symptoms prevail in the clinical picture, which are not accompanied by organic changes. The negative impact of depression on the body is not only on the nervous system, but it increases the risk of developing psychosomatic diseases, provokes existing chronic diseases and aggravates their symptoms. The initial manifestations of somatogenic endogenous depression are formed against the background of expressed asthenia.^[3]

As affective disorders deepen, psychopathological disorders change significantly and gradually take over the features of endogenous vital depression. Endogenous depression symptoms become more and more obvious against the background of normalization and stabilization of somatic functions. Clinical manifestations of affective disorders (constant depression, apathy and passivity, sometimes indifferent attitude towards oneself and others) take a dominant position. Patients are indifferent to the recommendations of doctors, refuse to increase physical activity, as well as other rehabilitation measures, do not eat well, complain of insomnia.

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