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## **ASTHMA AND OBESITY: A NEGATIVE IMPACT ON THE PATIENT'S QUALITY OF LIFE**

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**Relevance.** The WHO defines quality of life as an integral characteristic of the physical, psychological, emotional and social functioning of a person based on his subjective perception. Quality of life is suffering especially in patients with chronic diseases, among which is asthma. The highlight of emotionally-personal sphere in such patients is choking syndrome, its severity, duration and frequency of occurrence. But in the meantime, the manifestations of psycho-emotional state is not only the result of the main clinical syndrome. Joining comorbidity can cause psycho-emotional deviations. Among these diseases, the distribution of which is significant, and the impact on the disorder psycho-personal sphere substantial, considering obesity.

**Objective:** To evaluate the quality of life in patients with asthma, occurring against the background of obesity.

**Materials and methods.** The study group consisted 61 patients with asthma, combined with obesity, the comparison group included a 42 patients with isolated asthma. The groups were representative of each other. The study used a non-specific standardized questionnaire the SF-36 (Medical Outcomes Study 36-Item Short-Form Health Status) - 36 questions that reflect various aspects of life of patients.

**Results and discussion.** Quality of life in patients with asthma was significantly worsened by concomitant obesity in scales "physical functioning» ( $47,7 \pm 3,2$  points against  $59,9 \pm 3,2$  points in the comparison group ( $t = 2,982$ ;  $p < 0,01$ )) "role-physical functioning» ( $32,1 \pm 3,1$  points against  $49,3 \pm 4,1$  points, respectively ( $t = 3,346$ ;  $p < 0,002$ )), «general health» ( $42,1 \pm 3,1$  and  $54,1 \pm 3,8$  points, respectively ( $t = 2,293$ ;  $p < 0,05$ )) and "role-emotional functioning» ( $39,7 \pm 4,1$  points and  $56,0 \pm 4,3$  points in the group with isolated asthma ( $t = 2,758$ ;  $p < 0,01$ )).

**Conclusions.** Association of obesity and asthma shows a negative impact on the quality of life of patients. By using SF-36 in patients with asthma and obesity are determined by changes in the variations of the components of quality of life that characterize the ratio of the impact of these diseases the patient subjective perception of existing pathological condition and the possibility of personal adaptation of the active environment. Identified changes in the assessment of individual components of the quality of life in patients with comorbid pathology - asthma and obesity, provide an opportunity to assess the effectiveness of the proposed treatment and to develop individual approaches to rehabilitation.