European Respiratory Society Annual Congress 2012

Abstract Number: 1069

Publication Number: P3436

Abstract Group: 1.11. Clinical Problems - Asthma

Keyword 1: Asthma - management Keyword 2: Physical activity Keyword 3: No keyword

Title: Use of leikotriene modifiers promotes to decrease bronchial hyperreactivity in bronchial asthma patients

Prof. Dr Liudmyla 7246 lashyna diagnost@ifp.kiev.ua MD ¹, Prof. Dr Yuriy 7247 Feshchenko diagnost@ifp.kiev.ua ¹, Dr. Maryna 7248 Polianska diagnost@ifp.kiev.ua ¹, Dr. Inna 7249 Zvol diagnost@ifp.kiev.ua ¹, Dr. Svitlana 7250 lshchuk diagnost@ifp.kiev.ua ¹, Dr. Liudmyla 7251 Savelieva diagnost@ifp.kiev.ua ¹ and Dr. Alena 7252 Potochniak diagnost@ifp.kiev.ua ¹. ¹ Diagnostic, Therapy and Clinical Pharmacology of Lung Diseases, National Institute of Phthisiology and Pulmonology named after F.G. Yanovsky NAMS of Ukraine, Kiev, Ukraine, 03680 .

Body: Background: Clinical studies proved, that leikotriene modifiers have mild and variable broncholytic effect, decrease symptoms, improve lung function and decrease asthma exacerbations. Objectives: This study aimed to investigate the influence of leikotriene modifiers (antagonists of CysL-R1 – montelukast) on bronchial hyperreactivity in steriod-naive bronchial asthma patients. Methods: 30 steroid-naive (didn't receive ICS more then 3 months before study) patients, male 9, female 21, in the age (53.4 ± 2.3) years, with ACT score < 20 received montelukast (Lukast) 10 mg OD during 3 months. Salbutamol was allowed as rescue medication. Bronchoprovocative test with physical load (tredmil-test) was performed at the beginning and at the end of the study. Results: Bronchial hyperreactivity (BHR), which revealed in fall of FEV1 on >10% vs basic data after 5 – 30 min after the end of physial load, was revealed in 12 patients. Initially FEV1 falled on 16% on the 5 min after the end of test, with maximal decrease (19,3%) on the 15 min. In 30 min after the end of physsical load FEV1 didn't return to the basic data – difference was 9,5%. At the end of study treatment course BHR was revealed only in 9 patients, with maximal fall 11,5% on 15 min after the test, with recovery within 30 min. Correlative analysis shoved, that risk of BHR decreased after the impermanent course of montelukast therapy, but without stasistical significance. Conclusion: use of leikotriene modifiers (antagonists of CysL-R1 – montelukast (Lukast)) decrease BHR in steriod-naïve BA patients.