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ПРИЧИНЫ ВОЗНИКНОВЕНИЯ, КЛИНИКА И ЛЕЧЕНИЕ АЛЛЕРГИЧЕСКОГО РИНИТА И БРОНХИАЛЬНОЙ АСТМЫ (КРАТКИЙ ОБЗОР ИНОСТРАННОЙ ЛИТЕРАТУРЫ)

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В статье приводится обзор 220 источников иностранной литературы, отражающий современные взгляды на общее и различие аллергического ринита и бронхиальной астмы. Рассматривается частота заболеваний в различных странах мира. Анализируются методы лечения и качество жизни.

Ключевые слова: аллергический ринит, бронхиальная астма

ALLERGIC RHINITIS AND BRONCHIAL ASTHMA: THE INCIDENCE, CAUSES, AND TREATMENT (REVIEW OF FOREIGN LITERATURE)

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This article gives an overview of the 220 sources of foreign literature, modern perspectives on common and difference of allergic rhinitis and bronchial asthma. Is the frequency of diseases in various countries of the world. Examines the methods of treatment and quality of life.

Keywords: allergic rhinitis, bronchial asthma

Аллергический ринит (АР) и бронхиальная астма (БА) – два наиболее часто встречающихся хронических аллергических заболеваний у детей и взрослых [20]. За истекшие 10 лет распространенность этих заболеваний увеличилась практически вдвое.

В настоящее время АР страдает до 40 % населения земного шара [27, 52], причем независимо от региона проживания [2, 5, 7, 8, 15, 17, 24, 35, 36, 37, 38, 43, 55, 62, 71, 72, 73, 83, 95, 102, 104, 112, 115, 118, 122, 123, 128, 134, 142, 151, 165, 174, 176, 180, 182, 183, 189, 194, 198, 199, 208, 219, 220]. Проблема увеличивающегося распространения аллергических заболеваний и АР в частности и бронхиальной астмы (БА) настолько масштабна, что было создано ряд обществ по их изучению: Международное Исследование Астмы и Аллергии у детей (ISAAC), Европейское Сообщество Обследования состояния здоровья (CCASHN), Международное Общество по изучению Зуда (International Forum for the Study of Itch), Всемирная Организация по Аллергии (WAO), Американская Академия Аллергии, Астмы и Иммунологии (AAAAI). Кроме того, была предложена классификация ARIA (аллергический ринит и его влияния на астму – Allergic Rhinitis and its Impact on Asthma).

Большую тревогу вызывает увеличение заболевания бронхиальной астмой у детей различных стран мира. Бронхиальная астма – хроническое заболевание, в основе

которого лежит аллергическое воспаление трахеобронхиального дерева. Так, в частности, только в США более 15 миллионов человек, включая 5 миллионов детей, имеют эту опасную для жизни болезнь. Каждый год на больных астмой приходится почти 2 миллиона чрезвычайных посещений кабинетов врачей, 500 000 госпитализаций и более 5000 смертных случаев. Ежегодно экономические потери только на лечение БА обходится американскому обществу примерно в 4,5 миллиарда долларов.

Следует отметить, что, несмотря на огромный прорыв в изучении аллергии, на сегодняшний день нет достоверных сведений о частоте АР у больных БА (таблица).

Клиницисты отмечают, что АР и БА часто являются сопутствующими друг другу заболеваниями, что связано с их физиологическими, гистологическими и иммунопатологическими сходствами дыхательных путей [41].

Достаточно трудно отличить АР от неаллергического ринита, так как они имеют сходные симптомы и даже могут сочетаться у одного и того же пациента [31, 32, 33]. Японскими авторами сообщалось, что 44–68 % пациентов с БА страдают и АР [77, 143].

Существует также хронологическая связь АР и БА, что было многократно подтверждено в крупных исследованиях. Данные BAMSE когорты (Швеция, 2012) показали, что в детском возрасте астма часто сочетается с атопическим дерматитом (АД) и АР, в то время как ринит и АД чаще быва-

ют изолированными [202]. Коморбидность возрастает с возрастом ребенка, так в возрасте 1 года астма сочеталась с ринитом и/или АД в 38% случаев и показатель возрос до 67% случаев к 12 годам. Развитие АД, АР и БА – это динамический процесс [14, 96, 140].

В этиологии АР придают большое значение домашней пыли и клещам [25, 177, 191], домашним животным [22, 119, 120, 121, 161, 162, 203, 209, 216], пыльце трав [58, 124], профессиональным вредностям [56, 87, 109, 136, 195, 197, 205, 206, 207], курению [6, 154],

продуктам питания [23, 126, 127], бытовому газу [215], керосину как топливу в домашних условиях [200], загрязнению внутреннего и наружного воздуха окружающей среды [69, 78, 79, 219].

По данным журнала *Electromagnetic Biology and Medicine* миру грозит эпидемия техногенного недуга – электрогиперчувствительности и к 2017 году ею будет страдать каждый второй человек планеты.

Продолжается накопление и анализ клинической оценки тяжести клинических симптомов АР [2, 42, 76, 85, 108, 113, 116, 184, 192] и факторов риска развития БА [34, 101, 117].

Дискуссионным остается вопрос влияния АР на течение БА [27, 29, 30, 59, 100, 135, 155, 156, 186], в том числе на функциональные возможности бронхов и легких [16].

Изучается влияние климатических условий на распространенность симптомов астмы, АР и атопической экземы у детей [167, 210].

В некоторых исследованиях показано, что есть связь между наличием ринита и тяжестью протекания астмы [42, 163, 190].

Пациенты с БА с установленным диагнозом сопутствующего АР требуют больших затрат на лечение по сравнению с пациентами, которые имеют только аст-

му [31, 158, 183]. Исследования E. Groot и соавт. [91] показали, что пациенты с БА в сочетании с АР имели достоверно более выраженный воспалительный процесс, чем пациенты без АР.

Систематически осуществляются публикации научных обзоров и крупномасштабных исследований, а также клинических рекомендаций по современным вопросам, связанных с изучением и лечением АР и астмы [10, 30, 50, 84, 89, 103, 110, 132, 137, 149, 153, 166, 175, 178, 187, 213].

Предлагаются опросники по изучению АР и БА [12, 196]. Так, в частности, шведскими исследователями [93] разработана и апробирована на большом числе населения карта исследования больных с АР и БА.

Проведено обследование близнецов, братьев и сестер по изучению у них распространенности аллергических заболеваний [130].

В Швеции проведено когортное исследование по изучению индекса массы тела у призывников с аллергическим риноконъюнктивитом и БА [35, 36, 37].

Показано, что клинические проявления АР весьма разнообразны, ибо он может поражать глаза [44, 82, 107, 123, 147, 150].

Изучаются клинические особенности астматических больных и роль хронического гиперпластического риносинусита и полипы носа [98].

Ведутся исследования о состоянии женщин, больных БА во время беременности [111] и влияние сезонного АР на менструальный цикл [188].

В последние годы разрабатываются научно-методологические подходы к проблемам оценки качества жизни человека в различных разделах сферы деятельности человека, в том числе и медицины. Всё большее внимание обращается на экономическое развитие общества и качество жизни больных АР и БА [3, 35, 57, 106, 114, 119, 120].

Процентное отношение ринита к бронхиальной астме

Авторы	Страна, континент	Число наблюдений	% отношение ринита у астматиков
Terreehorst I. et al.	Нидерланды	164	92
Linneberg A. et al.	Дания	743	100
Leynert et al.	Франция	850	78
Shamssain M.H., Shamsian N.	Англия	3000	53 у мальчиков 63 у девочек
Celedon J.C. et al.	Китай	10009	6.2
Montnemery P. et al.	Швеция	12079	46
Leynaert B. et al.	Европа	90478	74-81

Исследования свидетельствуют о том [92, 93], что АР является независимым фактором риска для развития кашля помимо простуды среди взрослых. В этом направлении [179] проведено продольное исследование по изучению АР к появлению у человека рецидивирующего кашля и храпа во время сна.

Накапливаются сведения об изменении состава крови у больных с аллергическими заболеваниями [86, 168, 212], а также роль тучных и стволовых клеток на рецепторный аппарат слизистой оболочки носа [169].

Для уменьшения выраженности АР во время природного воздействия пыльцы растений и трав предлагается использовать специальные маски – «носовые фильтры» и очки [88, 146].

Даются рекомендации путешественникам по их поведению и методам защиты при природном воздействии аллергенов [4, 75].

Широко обсуждаются вопросы клинического применения и механизма действия различных лекарственных препаратов на больных, страдающих АР [1, 9, 11, 19, 45, 46, 47, 48, 49, 63, 64, 67, 97, 138, 144, 152, 160, 170, 185, 201, 211], в том числе применённых сублингвально [48, 66, 75, 99, 125, 141, 145, 159, 214] и специфической иммунотерапии АР и БА [21, 46, 47, 51, 54, 80, 81, 90, 133, 139, 204].

Значительная часть исследований проводится по изучению сезонной изменчивости бронхиальных клеток, верхних нижних дыхательных путей и мокроты у больных, как АР, так и БА [18, 26, 39, 40, 53, 60, 65, 68, 131, 156, 157, 171, 190].

Приводятся сведения о функциональном состоянии легких на фоне АР [61].

Рассматриваются причины наследственной расположенности к аллергическим заболеваниям [148].

Изучаются вопросы развития аллергии и астмы у младенцев и маленьких детей до возраста 7 лет с АД, причем наметились некоторые перспективы решений [94, 129].

Особого внимания заслуживают исследования роли уровней IgE человека с аллергическими заболеваниями [13, 29, 70, 105, 164, 172, 181, 217].

Не обойдено вниманием ученых изучение чисто экономических затрат на лечение аллергических заболеваний, в том числе АР и БА [173].

Таким образом, следует признать, что АР и БА, несмотря на несомненно достигнутые успехи в диагностике заболеваний, имеют весьма высокую тенденцию к распространению в различных странах мира, отличаются полиморфизмом клинических проявлений, высокой долей экономических

потерь на лечение, смертностью и трудностью лечения.

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