МЕДИЧНІ НАУКИ

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ASSESSMENT OF THE QUALITY OF LIFE IN CHILDREN WITH COMMUNITY-ACQUIRED PNEUMONIA

About 200 million cases of viral community-acquired pneumonia occur every year-100 million in children and 100 million in adults [3, p. 1265]. In children, respiratory syncytial virus, rhinovirus, human metapneumovirus, human bocavirus, and parainfluenza viruses are the agents identified most frequently in both developed and developing countries. Presence of viral epidemics in the community, patient's age, speed of onset of illness, symptoms, biomarkers, radiographic changes, and response to treatment can help differentiate viral from bacterial pneumonia [1, p. 5]. No clear consensus has been reached about whether patients with obvious viral community-acquired pneumonia need to be treated with antibiotics. Further studies are needed to better understand the cause and pathogenesis of community-acquired pneumonia. Furthermore, regional differences in cause of pneumonia should be investigated, in particular to obtain more data from developing countries. In addition to well-known symptoms, such children are also characterized by disorders of the autonomic nervous system. There are the cause of a decrease in the quality of life in children, which leads to a lengthening of the recovery period of adaptation after the disease [2, p. 698].

The purpose of the research was to analyze the quality of life of 80 children aged 7-14 years after experiencing community-acquired pneumonia and its prognosis.

The children had community-acquired pneumonia of acute course, III-IV degree of severity, with manifestations of respiratory failure under our observation. They were treated in the pediatric department of the city children's clinical hospital in Lviv. The children were divided into two

groups of 40 people. There were the first and the control groups. Children in the control group received standard treatment. Children in the first group received a metabolic drug (α-citrulline and malate), a symbiotic drug, and a vitamin-mineral complex (plus the main treatment). The drugs began to be used on the first day of normalization of body temperature for a period of one month.

Children and their parents were given the Medical Outcome Study Short-Form Health Survey (SF-36) one month after the disease to assess the quality of life after pneumonia. In it, the best indicator of the quality of life on each scale is 100 points, and the worst is 0 points. The first group had the following indicators: PF : 80.2 points, RF : 55.8 points, VR : 94.6 points, GH : 87.2 points, VT : 55.7 points, SF : 67.5 points, RE : 73.3 points, MH : 85.2 points. In the control group, we obtained: PF : 40.2 points, RF :25.8 points, VR : 54.6 points, GH : 77.2 points, VT : 25.7 points, SF : 37.5 points, RE : 33.3 points, MH : 65.2 points.

We can conclude that the quality of life of children after pneumonia with additional therapy was not significantly impaired. On the other hand, in children who accepted only the recommendations of doctors after discharge, the indicators of quality of life were significantly disturbed, which proves the need to receive additional therapy.

References:

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