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Студентське наукове товариство
Рада молодих вчених

Матеріали
XIX Наукової конференції студентів та
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PULMONARY REHABILITATION - A NEW ASPECT OF IMPROVING THE PROGNOSIS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction: chronic obstructive pulmonary disease (COPD) ranks 4-5 in the structure of mortality in the world, and pharmacological correction (bronchodilators, antibiotics, glucocorticoids) does not prolong the life of patients, as they determine the predominantly symptomatic effect. Deepening the understanding of the mechanisms of COPD (the role of chronic inflammation, high frequency of comorbid pathology) is complemented by drawing attention to the dysfunction of the muscular system in the body. The problem extends to the muscles of the lower and upper extremities, as well as to the muscles of the chest. International guidelines for the last 2-3 decades discuss the problems of physical rehabilitation aimed at improving muscle function.

Objective: to decipher the understanding of the importance and role of pulmonary rehabilitation (PR) in COPD in modern international interpretations.

Materials and methods: analysis of international information sources in reviews, meta-analyses and scientific articles (2000-2020).

Results: pulmonary rehabilitation is a key aspect of life expectancy and survival in COPD, it is a comprehensive program of non-pharmacological methods, which includes doctors, nurses: pulmonologist, physiotherapist, psychologist, nutritionist, occupational therapist. Smoking cessation is considered to be a priority (help from a pharmacist with available recommendations). The program is based on individual initial data of the patient, includes diagnostic complexes - a number of rating scales, the function of external respiration, oxygen balance, further control in the dynamics. PR options can be different: at home (effectiveness has also been proven) or in appropriate centers. The duration also depends on the baseline severity of COPD, the recommended rating scales (preferably minimum values for greater effectiveness), patient compliance, and patient availability of all components of the program's examination and compliance, with an emphasis on possible early onset. The duration varies from a few weeks to several years (for example, up to 5 years - data from 2021). Strength training can be performed in addition to or included in the daily rhythm of life. The nature of optimal nutrition is specified in the recommendations of a nutritionist. In Ukraine, PR raises a number of unresolved issues. The lack of insurance medicine (which could provide economic costs for participants, both patients and specialists of various profiles) virtually deprives the patient of the opportunity to perform the full range of diagnostics and therapy; incomplete health care reform complements the list of difficulties and real opportunities.

Conclusions: the implementation of pulmonary rehabilitation should be based primarily on the understanding of doctors of its evidence base of effectiveness and safety, the role of a number of specialists, which will determine the next effective steps in its implementation in the practice of respiratory pathology.