

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

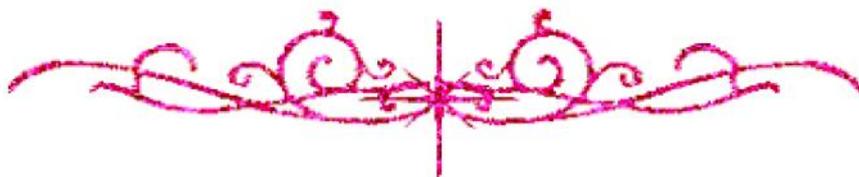
قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
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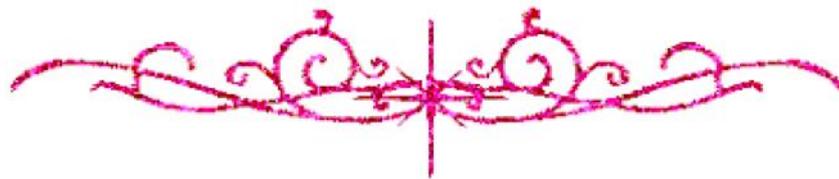


بعض الوثائق الأصلية تالفة





بالرسالة صفحات لم ترد بالأصل



SUMMARY AND CONCLUSION

Asthma is a common chronic disorder of the airways that is characterized by variable and recurring symptoms, airflow obstruction, bronchial hyper-responsiveness, and an underlying inflammation. The interaction of these features of asthma determines the clinical manifestations and severity of asthma and the response to treatment.

Asthma guidelines used in the United States and internationally classify disease to 4 categories : *Intermittent asthma* , *Mild persistent asthma* , *Moderate persistent asthma* and *Severe persistent asthma*

Pathogenesis of bronchial asthma includes Bronchoconstriction,

Airway edema, Airway hyperresponsiveness then Airway remodeling

Asthma is one of the most common major non-communicable diseases and for many, has a substantial impact on quality of life.

300 million people have asthma worldwide

There is a large geographical variation in asthma prevalence, severity, and mortality. While asthma prevalence is higher in high income countries, most asthma-related mortality occurs in low-middle income countries

The prevalence of asthma in the Middle East is lower than most developed countries. However, there is not enough longitudinal data to estimate the trend over time.

Asthma can lead to premature death, hospital stays, reduced productivity and quality of life.

Overall, global asthma-related costs are high and significantly vary across countries, depending on several factors, such as the type of health system, financial resources on Public Health and methods of data collection.

Severe exacerbations of asthma are life-threatening medical emergencies, which are most safely managed in an acute care setting e.g. emergency department.

A brief history and physical examination should be conducted concurrently with the prompt initiation of therapy.

History should include time of onset and cause, severity of asthma symptoms, any symptoms of anaphylaxis, riskfactors for asthma-related death, all current reliever and controller medications

Physical examination The physical examination should assess signs of exacerbation severity, complicating factors and Signs of alternative conditions.

Keywords: Current Practice, Asthma Exacerbation Management, Different Health Settings



Assessment of the Current Practice of Asthma Exacerbation Management in Different Health Settings in Cairo

Thesis

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List of Abbreviations

Abb.	Meaning
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SABA..... Shost acting beta 2 agonist.

INTRODUCTION

Asthma is a heterogenous chronic inflammatory disease, characterized by recurrent episodes of wheezing, dyspnea, chest tightness, and cough, that is very common in children and adolescents (*de Benedictis and Attanasi, 2016*).

Exacerbations of asthma are episodes characterized by a progressive increase in symptoms of shortness of breath, cough, wheezing or chest tightness and progressive decrease in lung function (*Reddel et al., 2009*).

Asthma is by far the most common of all chronic diseases of childhood and estimates from developed countries suggest that it affects between 11 and 20% of all school age children (*Godfrey, 1992*).

According to WHO estimates, approximately 250,000 people die prematurely each year from asthma (*WHO, 2007*).

It is estimated that asthma accounts for about one in every 250 deaths worldwide. Many of the deaths are preventable, being due to suboptimal long-term medical care and delay in obtaining help during acute exacerbation (*Masoli et al., 2004*).

The mortality rate from asthma has been higher among blacks, among people living in poverty, and among children

aged 4 years or younger and those aged 9-16 years (*Graudenz et al., 2017*).

After a long period of steady increase, evidence suggests that asthma mortality and health care utilization rates continue to plateau and/or decrease. The number of deaths due to asthma in 2009 was approximately 27 % lower than the number of deaths seen in 1999. The number and rate of hospital discharges have both decreased 24 % between 2003 and 2010 (*CDC, 2010*).

As a result of the spread of the asthma guidelines and inhaled corticosteroids use, it was reported that the incidence of asthma related death and the number of patients with asthma exacerbation significantly decreased in the United States, Canada, and the United Kingdom (*Martinez, 2008*).

Few studies evaluated asthma prevalence in Egypt. In a survey including 115 health centers in five governorates (*Khallaf et al., 1993*), reported that asthma prevalence was 4.8% in Egypt. *El-Hefny, (1994)*, reported the prevalence of asthma among Egyptian children aged 3 - 15 years to be 8.2%

Bronchial asthma seems to be a growing problem in Egypt; prevalence, morbidity, and mortality in Egypt are still lacking and have to be estimated (*Mabrouk et al., 2017*).