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Practical use of glucocorticoids and among them the specific role of budecton in bronchial asthma

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Abstract: Soft dosage forms for external use (ointments, creams, gels, emulsions, liniments, pastes) of anti-allergic action were studied according to regulatory documentation and electronic resources in the field of health care. The possibilities of their application in pediatric practice are investigated. Data on contraindications, limitations and precautions according to the age of children are presented. The results of the review are presented in the form of 4 tables containing information on trade and nonproprietary (INN) names of medicinal products, pharmacological groups and age restrictions. The drug exhibits an anti-inflammatory effect, so it should be used continuously and regularly even after the patient's condition improves. As a rule, Budecton is prescribed for a long course of treatment, which is determined individually.

Key words: Pediatric practice, Budecton glucocorticoid receptor, "Cloveit" anti-inflammatory effect, transcription protein, β2-agonist, respiratory diseases, transcription factors paradoxical bronchospasm.

Introduction.

Sometimes, due to the large amount of bronchial secretion, access of the drug to the area of inflammation may be difficult. In such cases, a preliminary short course of treatment with oral corticosteroids is recommended. Nosebleeds are common not only in adults but also in children. The most common causes of nasal bleeding in children are acute respiratory diseases and trauma. The aim of the study was to investigate the nature of microflora isolated from the nose in children with recurrent nosebleeds. Staphylococcus aureus was found to be the most frequently isolated microflora in children of this clinical group. The author suggests that the cause of recurrent nosebleeds may be stimulation of angiogenesis in the nasal mucosa by carrying pathogenic microflora.

Inhalations are carried out after a gradual reduction in the dose of oral corticosteroids.

If the patient takes oral corticosteroids, he is transferred to treatment with Budecton in a stable phase of the disease. GCS is withdrawn gradually.

If clinical symptoms worsen during acute respiratory diseases, antibiotic therapy should be prescribed. You may also need to adjust the dose of Budecton or take oral corticosteroids.

Chronic obstructive pulmonary disease: the recommended dose of budesonide is 400 mcg 2 times a day. For patients who have a positive response to treatment during the first 3-6 months of Budecton therapy, the drug is used for a long time.

Patients should be informed that the drug is not intended to relieve attacks, but for regular daily preventive use even in the absence of symptoms of bronchial asthma.

If paradoxical bronchospasm develops, you should immediately stop using Budecton, assess the patient's condition and, if necessary, prescribe therapy with other drugs. Paradoxical bronchospasm must be immediately relieved with a short-acting β2-agonist. Patients should always have a short-acting β2-agonist inhaler available to relieve acute exacerbations of bronchial asthma.

The effectiveness of topical corticosteroids depends on the form of the drug and its penetration.The efficacy of topical corticosteroids depends on the form of the drug and its penetration into thedeep into the skin and increases with increasing frequency in the lotion-gel-cream-moisture series. Lotion "Laticort" is applied to wet skin lesions, including hairy skin areas in seborrheic areas of the skin in seborrheic dermatitis, psoriasis, simple chronic lichen planus. (limited neurodermatitis) of the occipital area.

Patients should be informed about the need to consult a doctor if their condition worsens (increased need for short-acting bronchodilators, increased attacks of shortness of breath). In such cases, it is necessary to examine the patient and consider the possibility of increasing the dose of inhaled or oral GCS.

To reduce the risk of developing candidal infections of the oral cavity and pharynx, the patient should thoroughly rinse his mouth with water after each inhalation of the drug. With the development of candidiasis infection of the oral cavity and pharynx, local antifungal therapy can be performed without stopping treatment with Budecton. When prescribing inhaled corticosteroids in high doses or over a long period of time, systemic adverse events may develop (however, less frequently than when using oral corticosteroids). In acute, wet inflammatory conditions the use of gel "Flucinar" is shown, which has drying and cooling effect.

The drug is used in psoriasis, seborrheic dermatitis, prurigo, eczema. The preparation on gel-based product is especially effective in localization of the process on hairy areas of the skin and in patients who do not tolerate ointments well. Creams "Latikort" and "Polkortolon" are applied to wet and dry skin in patients with seborrheic and atopic dermatitis, eczema, eczema, eczema, eczema, eczema. dermatitis, eczema, prurigo, phlebotoderma. The creams have a cooling, softening, moisturizing effect. The most potent topical corticosteroid in the world dermatological practice is clobetasol propionate, which is available in the form of cream and ointment "Cloveit".

When transferring patients from systemic corticosteroids to inhalation therapy with Budecton, reactions such as allergic rhinitis, eczema, lethargy, pain in muscles and joints, and sometimes nausea and vomiting, which were previously suppressed by taking systemic corticosteroids, may occur.

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