



INTRANASAL IMMUNOTHERAPY OF ALLERGIC RHINITIS

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Annotation. Allergic diseases attract more and more attention of doctors of different specialties every year. Despite the fact that allergic diseases have been known to man for more than two and a half thousand years, in the modern world the problems connected with questions of diagnostics, therapy and prevention of allergopathology remain very urgent. In the last decades the problem of allergology has assumed the scale of a global medical and social problem. Allergy is called "disease of civilization". In highly developed countries the percentage of people suffering from allergies (mainly among the young population) is significantly higher than in developing countries. Environmental pollution by industrial waste⁷, unfavorable social conditions, increased consumption of various medications, intensive use of disinfectants at home and in production, use of pesticides and herbicides in agriculture, changes in food quality, use of genetically modified products — the combined effect of these factors on the modern human body¹ creates conditions for high allergen loads. As additional studies have shown, over the past 30 years, the prevalence of allergic diseases has doubled everywhere every 10 years. At present, the problem of allergic rhinitis can be considered one of the most pressing. In terms of prevalence, medical and social significance, impact on health and quality of life of patients, AR ranks first among other allergic diseases [4, 46]. Over the past few decades, there has been a steady increase in the number of patients suffering from this pathology in European countries. In the structure of allergopathology, the proportion of AR is very high (60-70%).

At the beginning of the third millennium, the problem of cardiovascular diseases (CVD) came to the forefront in terms of relevance among all causes of morbidity and mortality. According to forecasts of the World Health Organization (WHO), by 2030 about 23.6 million people will die from CVD, mainly from heart disease and stroke, which are the main causes of death among people of working age. Heart disease, like many other chronic non-communicable diseases, develops slowly and "unnoticed". In the structure of mortality of the adult population, the share of complications of CVD (ischemic heart disease (IHD) and stroke) today is 40-60%. There is a tendency for these diseases to "rejuvenate" - there are frequent cases when myocardial infarction (MI) is observed in 2-5-year-old people, which is the most important medical and social problem. One of the important reasons for the increase in the prevalence of CVD is the presence of a number of concomitant diseases. In particular, an increased risk of developing coronary heart disease is associated with the presence of metabolic disorders and diabetes mellitus (DM) in patients. Modern studies have established common mechanisms of the pathological process of DM and CVD formation, which allows us to consider DM as an endocrinological equivalent of coronary heart disease. Interest in early disorders of carbohydrate metabolism has

increased significantly in recent years. Prediabetes is an intermediate stage between normal glucose tolerance and type 2 DM. The annual conversion of impaired glucose tolerance (IGT) to type 2 DM, according to prospective studies, is 4-8%. The development of algorithms and accessible tools for identifying the risk of developing DM in individuals with cardiovascular risk is an urgent problem in modern cardiology.

Objective of the study. To study the comparative clinical efficacy, safety and anti-inflammatory effect of the domestic drug Ruzam (nasal drops) and combined therapy with Ruzam (nasal drops) and intranasal specific immunotherapy with allergoids in the treatment of pollen allergic rhinitis of intermittent and persistent course.

Research objectives. To evaluate the clinical efficacy, anti-allergic anti-inflammatory effect of the drug Ruzam (nasal drops) in the treatment of pollen allergic rhinitis: intermittent and persistent course. Compare the clinical efficacy and safety of intranasal monotherapy with Ruzam drops and allergoids.

According to the results of epidemiological studies, AR affects about 20% of the population of all age groups. The prevalence of atopic diseases in most European countries ranges from 10 to 32%, in the UK - 30%, in Sweden - 28%, in New Zealand and Australia - 40%, in South Africa - 17%. In Russia, up to 25% of the population has symptoms of rhinitis. In the USA, more than 35 million residents (27.89-39.50) seek help with symptoms of AR annually. AR limits patients in physical, psychological and social aspects of life. AR is the cause of decreased quality of life. This is often due to the fact that rhinitis often precedes the development of bronchial asthma (BA) (in 32-49% of patients), worsens its course, significantly increasing the number of calls to emergency medical care [115, 191, 207, 214]. Modern therapy of AR involves the elimination of etiologically significant allergens, allergen-specific immunotherapy (ASIT), pharmacotherapy and patient education. ASIT occupies a leading position in the treatment of atopic diseases. However, certain inconveniences associated with frequent visits to an allergist, the possibility of developing systemic side effects, and the existing group of people for whom ASIT is contraindicated are a prerequisite for finding new effective and safe means for the treatment of AR.

In this regard, it seems relevant to use the polypeptide drug Ruzam (nasal drops) in the therapy of AR, obtained from a thermophilic active strain of *Staphylococcus aureus* and possessing antiallergic and anti-inflammatory action (41,81).

Conclusions. Intranasal therapy with the drug Ruzam is comparable in effectiveness to intranasal allergen-specific immunotherapy, which is confirmed by a decrease in the total index of symptoms of allergic rhinoconjunctivitis from 94.68 ± 5.92 to 48.47 ± 4.85 points ($p < 0.05$), an increase in the threshold of specific nasal reactivity (no statistically significant differences were found between the two methods, $p < 0.05$). Combined therapy with Ruzam and allergoids is an effective method of treating* allergic rhinoconjunctivitis, which is confirmed by a decrease in the total index of symptoms of allergic rhinoconjunctivitis from 87.28 ± 6.22 to 50.06 ± 5.66 points ($p < 0.05$), an increase in the threshold of specific nasal reactivity. However, the use of this method is not advisable due to the lack of statistically significant differences with monotherapy with Ruzam and allergoids. In all 3 treatment groups (1 - ISIT; 2 - Ruzam;

3 - ISIT+Ruzam) there was a reliable decrease in the threshold of bronchial reactivity to methacholine. In the first and second groups, the threshold of sensitivity to methacholine increased after treatment by 1.5 times, in the combination treatment group by 2 times compared to the initial values ($p < 0.05$).

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