

# Improving the Functioning of the Asthma School in Enhancing the Life Quality of Patients with Bronchial Asthma

**Dilrabo Ya. Alikulova<sup>1</sup>, Nodira A. Abzalova<sup>2</sup>, Mexriniso P. Nosirova<sup>3</sup>**

<sup>1</sup>Department of Allergology, Clinical Immunology and Nursing, Senior Lecturer, PhD, Tashkent State Medical University, Uzbekistan. <https://orcid.org/0009-0000-8343-4848> Email: [dilrabo77.77@inbox.ru](mailto:dilrabo77.77@inbox.ru) (Corresponding Author)

<sup>2</sup>Department of Pharmacology, Senior Lecturer, PhD, Tashkent State Medical University, Uzbekistan. <https://orcid.org/0009-0007-0271-4727> Email: [nodira.abzalova78@gmail.com](mailto:nodira.abzalova78@gmail.com)

<sup>3</sup>Department of Allergology, Clinical Immunology and Nursing, Assistant, Tashkent State Medical University, Uzbekistan.

**\*Corresponding author: Dilrabo Ya. Alikulova, Senior Lecturer, PhD, Department of Allergology, Clinical Immunology and Nursing, Tashkent State Medical University, Uzbekistan**  
Email: [dilrabo77.77@inbox.ru](mailto:dilrabo77.77@inbox.ru)

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## ABSTRACT

Today, nursing is an independent field of health care, with clearly defined functional commitments to rehabilitate patients and improve the quality of life, in particular, nurses monitor and monitor patients with chronic disease in countries where the primary care system is well developed. In many states, it has been found that the family budget is also not affected if chronic and non-infectious diseases are detected in time and controlled by a nurse, rather than traditional treatment under the supervision of a doctor for various diseases.

In the Prevention of bronchial asthma, patients are required to have an equal participation of nurses, as well as doctors, in the modern medical approach and treatment. Asthma cannot be completely cured, however, in the processes of diagnosis and treatment, it is possible to control the disease and, through it, extend the life of the patient, restore his working capacity faster, and nursing approach is important in the process.

**Keywords:** Nurse, bronchial asthma, prevention.

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**Relevance of the problem.** Over the next decade, there has been a growing interest in the quality of life of patients in the world community. It is considered one of the most important effective indicators of the health system. International multi-documentation by GINA, which concerns the diagnosis, prevention, treatment of the disease, insists on the importance of conducting appropriate research in order to improve the quality of medical services to the population.

The incidence of bronchial asthma is increasing from year to year, the quality of life of patients with bronchial asthma depends on the degree of rejection of the disease, age - gender characteristics, social status, harmful habits, spiritual and psychological environment in their home and attitude to medical service.

About 80.0% of patients treated at the Republican scientific specialized allergological Center (RSSAC) are rural residents. When we analyzed the prevalence of the disease among the genders, there were many cases of bronchial asthma among women. 20.0% of patients treated in RSSAC were treated with mild, 54.0% with moderate to severe, and 26.0% with severe bronchial asthma. Patients trained at the asthma school established under the centre were reported to have increased by 50.0% in 2015 to 83.0% by 2019.

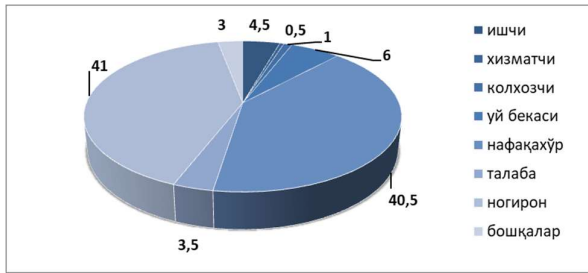
**The purpose of the study.** At various stages of medical care for patients with bronchial asthma, including primary care and sanitary facilities: family polyclinics, family medical centers, multidisciplinary Central polyclinics and specialized medical institutions, the study of nursing approach in asthma and its effectiveness. To study the participation of nurses along with doctors in the modern medical approach and treatment of patients in the Prevention of complications of bronchial asthma. To prolong the life of the patient through the control of asthma, to make nursing approach plausible in the process of faster restoration of working capacity.

**Material and research methods.** The Tashkent city attracted 200 patients with bronchial asthma on the list in multidisciplinary family polyclinics, 400 patients from RSSAC and 200 patients on the list in multidisciplinary central polyclinics of the Syrdarya region. An SF - 36 survey proposed by the World Health Organization was used to determine the quality of life of respondents involved in the study.

**The results and discussion.** 55.4% of the patients involved in the study were females and 44.6% were males. When we analyzed patients according to their data, we received the following results: 19.0% of patients - Master, 4.0% - Bachelor, 54.0% - high school, 17.0% - middle - special, 6%

- primary school. According to social status, 40.5% of patients are retained, and 41.0% are disable people.

**Figure 1. Distribution of patients according to their social status**



Among the factors that cause bronchial asthma, criteria such as place of work, profession, character of work also important. Cases of this disease are especially common among workers of industrial enterprises with dust and wet conditions. There are also many allergens in factories and factories that affect the mucous membranes of the upper respiratory tract. Long contact of patients with these allergens leads to an outbreak of the disease. Among the patients, patients working in an industrial enterprise accounted for 10.0%, patients working in agriculture accounted for 25.5%, construction and Motor Transport Workers – 2.50%, service sector employees accounted for 16.0%. The association with risk factors has been found to increase, especially as work experience increases. This leads to an increase in the incidence. Among patients, those with 10 years or more of work experience accounted for 52.5%.

The WHO (1999) recommended that quality of life defined based on how individual human and population needs are met and how opportunities are given and implemented to achieve well-being (sustainability), the extent to which they are used. Later this concept changed a little, or rather the accent form, which is not composed, has changed, and at the same time it is described as follows. Quality of life is the individual's realization that he feels his place in the life in which he lives, together with his goals, standards, interests, (B.Mamatqulov, 2013.).

Bronchial asthma significantly reduces the quality of life of patients, causes incapacity and disability of the population. This disease, like other chronic diseases, is accompanied by a period of exacerbation. Important circumstances for a person's life: cause a stagnant restriction of physical, mental and social States. In this case, the reduction of symptoms of the disease, normalization of clinical and laboratory indicators are counted from the main tasks set before the doctor. Improving the quality of life of patients by improving the dynamics of the symptoms of the disease is the main goal of treating the disease.

**Indicators for assessing the quality of life of patients**

№	Questions	Answers	Patients
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			abs	M±m, %
1	In general how do you assess your health condition:	1) excellent	0	0
		2) very good	25	12,6±1,1
		3) good	24	12,1±1,1
		4) satisfactory	108	54,3±1,7
		5) unsatisfactor y	41	20,6±1,4
2	How do you assess your own health status compared to your health status in the previous year?	1) ўтган йилдагига нисбатан жуда яхши	22	11,1±1,1
		2) a little better than last year	51	25,6±1,5
		3) approximatel y the same as last year	53	26,6±1,5
		4) a little worse than last year	62	31,2±1,6
		5) very bad compared to last year	10	5,0±0,7
3	Do the physical exertion below limit your activity of movement?	1) yes, sharply limits	41	20,6±1,4
		2) yes, slightly restricts	137	68,8±1,6
		3) no, does not limit at all	20	10,1±1,0
doing sports exercises that require physical effort, such as running, lifting	1) Yes, severely restricts	67	33,7±1,6	
	2) yes, slightly restricts	123	61,8±1,7	
	3) no, does not limit at all	8	4,0±0,6	
table push-ups, sweeps, light type of exercise	1) Yes, sharply limits	53	26,6±1,5	
	2) yes, slightly limiting	88	44,2±1,7	
	3) no, does not limit at all	57	28,6±1,5	
carrying a bag with cargo and delivery to the destination	1) Yes, severely restricts	37	18,6±1,3	
	2) yes, slightly restricts	129	64,8±1,6	

		3) no, does not limit at all	24	12,1±1,1
climbing stairs to several floors		1) Yes, severely restricts	109	54,8±1,7
		2) yes, slightly restricts	89	44,7±1,7
		3) no, does not limit at all	0	0
falling down a floor stairs		1) Yes, severely restricts	33	16,6±1,3
		2) yes, slightly restricts	91	45,7±1,7
		3) no, does not limit at all	74	37,2±1,7
bending, kneeling, squatting		1) Yes, severely restricts	85	42,7±1,7
		2) yes, slightly restricts	88	44,2±1,8
		3) no, does not limit at all	25	12,6±1,1
Walking for more than 1 kilometer		1) Yes, severely restricts	142	71,4±1,5
		2) yes, slightly restricts	56	28,1±1,5
		3) no, does not limit at all	0	0
walking a few blocks		1) Yes, severely restricts	96	48,2±1,7
		2) yes, slightly restricts	90	45,2±1,7
		3) no, does not limit at all	12	6,0±0,8
independent washing, dressing		1) Yes, severely restricts	27	13,6±1,2
		2) yes, slightly restricts	129	64,8±1,6
		3) no, does not limit at all	34	17,1±1,3
4	Whether your physical activity over the next 4 weeks has made it difficult for you to do your daily work	1. Yes	142	71,4±1,4
		2. No	56	28,1±1,5

		activities and chores, and as a result		
I had to reduce the time spent on my work and other activities		1. Yes	152	76,4±1,4
		2. No	36	18,1±1,3
Have you done less than you wanted		1. Yes	152	76,4±1,5
		2. No	46	23,1±1,4
Have you ever had trouble doing something specific		1. Yes	148	74,4±1,5
		2. No	50	25,1±1,5
5	Was it difficult to do your own work or other work (for example, when they require additional effort)	1. Yes	181	91,0±1,1
		2. No	17	8,5±0,9
6	To what extent has your emotional state influenced you to spend time with friends, community and family over the next 4 weeks?	1) Did not interfere at all	22	11,1±1,1
		2) slightly disturbed	86	43,2±1,7
		3) significantly interfered	89	44,7±1,7
		4) strongly disturbed	1	0,5±0,2
		5) very strongly mixed	0	0
7	To what extent did you feel physical pain in the next 4 weeks?	1) I didn't feel at all	17	8,5±0,9
		2) very weak	66	33,2±1,6
		3) weak	16	8,0±0,9
		4) a little pain	88	44,2±1,7
		5) strong	1	0,5±0,2
		6) very strong	10	5,0±0,7
8	To what extent did the feeling of pain affect your involvement in normal work activities in the next 4 weeks(outside the home and at home) ?	1) no disturbance at all	0	0
		2) a little disturbance	131	65,8±1,6
		3) weak	56	28,1±1,5
		4) strong	11	5,5±0,8
		5) very strong	0	0

In patients with bronchial asthma, the quality of Life Index worsens as a result of decreased physical activity, cases of depression are recorded, and the negative impact of the social aspect. These circumstances call for nursing assistance. With the help of primary chain it is

necessary to establish the activity of asthma school in places in order to improve the quality of life of patients.

The lack of necessary measures for the primary and secondary prevention of allergic diseases in places, the provision of specialized allergological assistance, as a result of which patients are forced to undergo treatment in regional centers and the capital of the Republic, suggests that so far the rate of death with asthma has stood at high rates. The perfection of medical knowledge of early diagnosis for patients with bronchial asthma, on the other hand, leads to the Prevention of death and disability, an increase in the patient's vital quality indicator.

**Conclusion.** Thus, the main role in monitoring a large part of patients with asthma and controlling the disease becomes the competence of primary care. Considering that the implementation of the national priority project in the field of health care is aimed at strengthening the role of the outpatient stage of medical care, the primary task is to create, implement and evaluate patient care programs together with primary health care physicians. In outpatient monitoring of BA patients, the task of the primary chain of health care and, above all, the precinct service consists in controlling the disease in patients who have been diagnosed and registered with BA in the first place and whose pharmacotherapy has been detected. Then the role of narrow specialists (pulmonologist, allergologist-immunologist) will consist in making a diagnosis, conducting functional examination methods, conducting the main treatment for asthma therapy, monitoring patients with an uncontrolled type of disease and advising patients at the request of primary care.

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