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Transmission of the disease seems to have stopped in some of these countries but there are still some areas where it is difficult to assess the exact situation because the unstable social circumstances and/or difficult accessibility hinder surveillance and diagnostic activities.

**FEATURES OF MAINTENANCE OF ASTHMA CONTROL IN  
ADOLESCENTS IN THE PERIOD OF THE CLINICAL WELL-BEING**

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**Goal.** To investigate the effectiveness of asthma control and to determine risk of its loss in adolescents in clinical remission period, depending on the severity of the disease, and to make a cluster model of the control of this disease of childhood.

**Materials and methods.** The probability of keeping control of the disease and the risk of its loss in the period of remission for the varying severity of asthma was analyzed in 43 adolescents suffering from asthma in a state of clinical well-being. Two asthma control questionnaires were used: ACT-test (asthma control test) – which allowed in the presence of 25 points to verify the complete asthma control, 20-24 - partial, less than 20 points - the lack of control over the disease; and GINA-test that reflected in adolescents the same level of control in the presence of the 6 points, 7-9 and 10 points or more respectively.

**Results.** It was shown that adolescents with moderate severity of the disease had more common tendency to achieve full control over the disease, and rarely – lost control during the survey using ACT-test. While the use of GINA-test to assess the level of control made the contradictory results that were more dependent on unaccounted factors than on the severity of asthma before the start of the control treatment. Cluster of adolescents with insufficient control of symptoms was characterized by the increased bronchial hyperresponsiveness and markers of bronchial inflammation.

**Conclusion.** In the period of clinical well-being risk of loss of control of the disease (according to the ACT-test) increased three times in adolescents who suffer from severe persistent asthma compared with their peers with medium-severe form of the disease. In case of the presence of the signs of subclinical inflammation in the bronchi and their hyperresponsiveness in adolescents with severe asthma but with the signs of the clinical well-being, doctor should consider the appointment of the base treatment.