



INDICATORS OF QUALITY OF LIFE FOR PATIENTS WITH POLLEN ALLERGY: A COMPARISON OF DIFFERENT TREATMENT OPTIONS

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Article history:	Abstract:
Received: September 28 th 2025 Accepted: October 26 th 2025	Allergic diseases are a significant issue in modern medicine. According to the World Health Organization (WHO), allergic diseases rank third among common diseases. Epidemiological data suggests that approximately 10-30% of the population suffer from allergies, and this number can reach up to 50% in some cases after 20 years. Through a series of studies, it has been estimated that allergic diseases affect 25% of the world's population, with varying incidence rates between countries. Sensitivity to respiratory allergens plays a major role in the development of respiratory allergies.

Keywords: pollinose, dermatophagoides pteronyssinus, dermatophagoides farinae, bronchial asthma

PRIORITY

Pollinosis is one of the most significant challenges of modern medicine. It occurs with the onset of seasonal allergic rhinitis, conjunctivitis, and sometimes bronchitis, among other symptoms. In the past 15-20 years, there has been a steady increase in the number of allergic diseases worldwide. Pollinosis accounts for a significant share of allergic conditions in the country, 30 times higher than in adolescents and 200 times greater than rheumatoid arthritis.

Only a few thousand out of the thousands of plant species in the world contain allergens. More than 100 different types of pollen can cause pollinosis. The disease often first manifests itself at a young age, between 8 and 20 years. It is triggered by the time of plant flowering. The pathogenesis of pollinosis involves rapid allergic reactions that cause significant discomfort for patients, leading to a decline in the quality of life.. Currently, there is a lot of research being done on ways to treat pollinosis worldwide. The main methods of treatment currently include allergen

elimination, pharmacotherapy, and specific immunotherapy (ASIT).

THE GOAL

The goal is to study the quality of life indicators in different treatment options in patients with Pollinose between the ages of 15 and 40.

Scientific research method and material

Anamnease (allergic) accumulation, general clinical and clinical-laboratory, IgE, skin allergic tests, Spirometry.

RESULT AND ANALYSES

Scientific research was conducted at the Republican Specialized Allergology Center. The study was carried out between 2019-2022, in which 60 patients between the ages of 7 and 40 with pollinose disease were studied. In accordance with the tasks assigned, information was collected retrospectively.

Table 1

Quality of life of patients with moderate to severe Pollinose ages 15-40 prior to treatment (JrQLQ was compiled based on a special questionnaire.)

Indicators	Group of patients with moderate pollinose prior to treatment (n = 30)	Patients with Pollinose after treatment (n = 30)
	1	2
Activity	2,19±0,19	2,94±0,56
Alomatlar	2,71±0,16	2,34±0,53
Hissiyotlar	2,96±0,16	2,21±0,72
The environment	2,66±0,26	2,79±0,87



Prior to the treatment, the highest explorer in the group of patients with pollinose, 15-40 years old, showed a

significant change to the three scale indicators compiled on the basis of the survey to analyze the correlation of respiratory flow speed with the JRQLQ scale - "activity," "symptoms," "sensations" ($r>0.7$; $p<0,001$) (table 23); in the examination summaries: Compulsory breathing volume and JRQLQ in 1 second – for all four scale values, the same total was obtained and the results were calculated ($r>0.7$; $p<0.01$).

and specialized allergology center hospital. In both groups, the study of disease symptoms greatly negatively affected the activity of patients and their quality of life. Based on the results of the analysis, patients were assessed on a scale in a special survey developed by Japanese scientists; The higher the score, the greater the impact of environmental factors on the disease. This, in turn, recorded significantly lower rates of symptoms in the group of patients with Pollinose, which develops as a result of clinical symptoms that occur in the body as a result of patients' adverse effects on quality of life. This was indicated in Table 2.

A lot of information has also been obtained to study the quality of life using a specialized breathing and explorer breathing survey of the regional scientific

**Quality of life for patients with pollinose
Group of patients aged 15-40
Table 2**

Ko'rsatkichlar, %	Group of patients with moderate-stage pollinose prior to treatment (n = 30)	Group of patients with Pollinose after treatment (n = 30)
	1	2
Alomatlar	71,34±5,5	80.09±5.38 ($p<0.01$)
Activity	70,27±7,27	82.42±11.7 ($p<0.01$)
Exposure	68,24±5,48	82.48±8.9 ($pp<0.01$)
Overall quality of life	68,31±5,39	82.49±7.8 ($pp<0.01$)

Thus, in summary, the quality of life indicators compared to the increased aspirin bronchial asthma in young patients, a control group of healthy people (a special survey developed by JRQLQ and Yapon scientists of the WHO JRQLQ General Questionnaire), recorded significantly lower results and indicators in patients. As a result, 72% or more of patients feel the need for treatment and inpatient treatment. The rest carry out a variety of treatments from specialists of other directions.

Quality of life indicators in combination with patients between the ages of 15 and 40 who are pollinose and in the control group after treatment.

(maxsus so'rovnomma JRQLQ – Japanese rhino-conjunctivitis Quality of Life Questionnaire)

Table 3

Indicators	OF (n=20)	Patients before treatment (n = 60)	Davolanishdan so'ng (n = 60)
	1	2	3
Physical activity	14,11±0,25	8.07±0.28 ($p<0.001$)	2.83±0.03 ($p<0.002$)
Psychological factors	13,6±0,2	10.06±0.34 ($p<0.001$)	2.06±0.021 ($p<0.001$)
Independence level	15,61±0,24	8.62±0.31 ($p<0.001$)	1.92±0.013 ($pp<0.002$)
Isocial relationships	14,06±0,32	12.85±0.26 ($pp<0.001$)	1.22±0.022 ($p<0.001$)



Environment	12,72±0,23	11.99±0.24 (pp<0.001)	1.88±0.028 (p<0.001)
Ruhiy-social sphere	14,48±0,37	13.98±0.39 (p<0.02)	1.05±0.43 (p<0.002)
Overall quality of life	91,58±3,2	65,56±1,37 (p<0,001)	10.96±1.23 (p<0.001)

Patients with Pollinose did not completely complain of symptoms of nose endings, eye rashes, severe physical limitations and frequent night attacks in patients with Pollinosis after receiving treatments This figure had a positive effect on the quality of life of all patients. Indicators that reflect the physical condition of patients with pollinosis, as well as the area of "independence," were relatively low compared to patients compared with the group of patients before treatment. (p<0,002). Patients said that their condition did not allow them to act independently, work, lead an active lifestyle.

Using the WHO JRQLQ general questionnaire, a significant direct link was found in the group of 15-40 year-old Pollinose patients between the study of the association between the maximum speed of explorer respiratory flow and the domain values of quality of life indicators.

SUMMARY

In 60 patients with pollinosis, we studied quality of life indicators after various treatments. 72% of the patients showed improvement after ASIT, and 28% had an increase in quality of life after symptomatic treatment.

48% of the disease was found to be seasonal, with the majority occurring in autumn (23%) and spring (56%). The disease begins with rhinoconjunctival symptoms, and damage mainly affects the nasal and ocular areas (nasal discharge - 100%, nasal itching - 100%), as well as the upper respiratory tract (allergic conjunctivitis - 36%, allergic rhinitis - 91%).

We observed that 52% of patients showed a decrease in IgE levels, 47% had a reduction in eosinophil counts, and 50% of the 30 patients who underwent ASIT did not require allergen elimination.

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