Bronchial asthma is one of the most common diseases, which is the so-called "Holy 7" of psychosomatic diseases in childhood. It is a classic example of multifactorial disease pathogenetically caused by the interaction of numerous physical and psycho-emotional factors.

Breath - the first spontaneous manifestation of independence newborn baby. Physiological characteristics breath directly related to the emotional state of the child and this relationship persists throughout life. Emotional factors in humans biologically prone to bronchospasm able to independently run the bronchioles spasm similar to the effects of allergen and create adequate conditions for the development of the disease. For the typical pattern of asthma action - stopped breath that is formed by nature, a defense mechanism in response to an episode that caused fear to an unexpected event or a premonition of the unknown. Psychological stress and asthma occurrence and interconnected processes are closely dependent on the immediate environment of the child.

The aim of the study was to investigate the personal and psychological component in patients with asthma school-age children.

Materials and methods. An examination of 121 patients with bronchial asthma 226 healthy children and adolescents aged 12,98±2,80 and 12,36±2,80 years respectively was conducted. Each group was distributed further into age groups: 8-10 years, 11-14 years and 15-17 years, the distribution by sex were the same.

All children were observed to determining psychological type of personality and emotional stability condition by personally questionnaire of H.Ayzenk EPI, evaluation of individual anxiety in the structure of children personality by Spielberger test (adapted by Hanin B.) and evaluation of anxiety in school by Phillips’s questionnaire.

Results. The high level of personal anxiety we found in 58,68% (n = 71) of surveyed children of the group, the average - in 38,84% (n = 47) of patients. The resulting performance in the subject is reactive anxiety group were slightly lower than personal, but much higher compared with the control group.
One of the biggest sources of anxiety in children is the school environment. In the age group 8-10 years among pediatric patients found the average increase in almost all scales. Compared with patients of other age groups were the most dominant: general school anxiety 17,4 ± 3,1 points, express fear 4,52 ± 0,8 points, fear situation knowledge test - 4,48 ± 0,8 points and no fear meet the expectations of others - 4,68 ± 0,9 points.

In the group of children aged 11-14 years with asthma highest indicated by three scales - frustration needs to succeed 8,76 ± 1,7 points, low physiological stress resistance - 3,69 ± 0,8 points and fears in the relationship with teachers - 4,24 ± 1,9 points.

In the oldest age group of patients schoolchildren highest observed only by scale of social stress - 8,89 ± 1,2 points.

Among children with asthma in our monitoring dominated by two types of temperament: melancholy - in 32,23% (n = 39) - emotionally unstable introvert and choleric - 31,40% (n = 38) - emotionally unstable extrovert. This trend was observed in all observed age groups.

Conclusions. 1. Asthma in children was accompanied by severe anxiety reactions with layering on features most disturbing personality, causing emotional discomfort which intensified with increasing severity of disease and decreased with increasing controllability exacerbations.

2. In all age groups surveyed patients with asthma found to have symptoms of general anxiety of the school.

3. Most sensitive to stressful situations and negative school factors are children with asthma 8-10 years of age the importance of these factors has a tendency to to decrease.

4. We observed the dominance of two types of temperament: melancholy and choleric in children with bronchial asthma, as opposed to the control group, where the largest part is represented by sanguine.
5. Thus, high anxiety and emotional instability in patients with asthma determine the need for carrying psycho correction work among this category of pupils to successfully treat them.