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#### CHARACTERISTICS OF COGNITIVE DISORDERS AND QUALITY OF LIFE IN PATIENTS WITH CHRONIC SECOND BRAIN ISCHEMIA

The article investigated cognitive disorders and assessed the quality of life in patients with chronic cerebral ischemia of the second degree. Chronic cerebral ischemia is the main clinical form of chronic cerebrovascular disease. This category of patients is often hospitalized in hospitals with a neurological profile.

**Keywords:** chronic brain ischemia, cognitive impairment, affective disorder, quality of life

Currently, there is an increase in cerebrovascular diseases, which is associated with an increase in average life expectancy in most developed countries and a deterioration of the environmental situation. [8,13]. Chronic cerebral ischemia is a small focal lesion of the brain due to a decrease in blood flow to the brain in the range from 35 to 20 ml / 100g / min with a normal blood flow intensity of at least 55 ml / 100g / min. The following forms are distinguished: atherosclerotic, hypertonic, venous and mixed [8,14]. In the second stage appears affective disorders of personality and sleep disturbances. In neurological status, pyramidal, cerebellar disorders are detected. Disability and social adaptation are decreased. At the third stage, the symptoms characteristic of the first and second stages are aggravated, cognitive disorders become pronounced before dementia. [8,11]. Cognitive functions are the most complex functions of the brain, with the help of which the process of rational cognition of the world is carried out and its purposeful interaction is ensured: perception of information; processing and analysis of information; memorization and storage; exchange of information, the construction and implementation of an action program [16]. Affective disorders - is a group of deviations in the emotional sphere. Increasing age is one of the main risk factors for cognitive impairment. The prevalence of dementia among people over 65 is 65%, and moderate cognitive impairment is up to 20% [7].

Quality of life - the degree of correspondence between the real and desired state of the individual, which is affected not only by his state of health, but also by its position in society, goals, plans and opportunities. It reflects people's perception of their position in life, depending on cultural characteristics and value systems and in connection with their goals, expectations, standards and concerns.

Purpose of the study. The study of cognitive impairment and the assessment of the quality of life in patients with chronic cerebral ischemia of the second stage.

Materials and research methods. 40 patients who were treated at the Clinics of the ASMI were examined using the selective research method. For a comprehensive screening assessment of cognitive impairment and quality of life, the MoCa test, the SF 36 questionnaire, the Barthel scale and the frontal dysfunction battery test were used to exclude patients with dementia with a primary lesion of the frontal lobes (frontotemporal dementia, Peak disease) or subcortical brain formations. The average age of patients was  $63.6 \pm 9.7$ . The group is dominated by women (30 people, 75%). The average age of men was, according to the study,  $66.5 \pm 12.9$  years, the average age of women was  $64.2 \pm 9.8$  years (the differences are not statistically significant). Of the 40 patients, 45.5% are working citizens, among non-working patients 54.5%.

Results of the study: It should be noted that all patients included in the study had neurological deficits of varying severity, and the diagnosis was confirmed by the necessary clinical and functional, laboratory diagnostic, neuroimaging and other studies in accordance with the approved standards. In the clinical picture, vestibulo-cerebellar disorders prevailed (72.5% of the subjects). In 13.5% of cases, asthenoneurotic syndrome occurred. Normal indicators of cognitive abilities (equal to and more than 25 points) were found in 84% of patients (average score  $28 \pm 1.3$ ), in 16% of patients the average score was  $24 \pm 0$ , which corresponds to mild dementia (range 21-24 points). The average score on the MoCa scale was  $26.2 \pm 2.5$ , while in 21% of the respondents the score was below 26, which corresponds to a cognitive decline. However, it should be noted that among the above 21% of those surveyed with a low score on the MoCa scale, 72% had a high score on the MMSE scale.

The average value on the "Battery of frontal dysfunction" scale was  $16.6 \pm 2.1$ , while 46% had moderate frontal dysfunction (average score  $14.8 \pm 1.9$ ), 56% had normal frontal dysfunction (average score  $17, 5 \pm 1,2$ ). Moreover, in patients with moderate frontal dysfunction, the average score on the MMSE scale was  $26.8 \pm 1.9$ .

According to the Barthel scale, the average score was  $89.4 \pm 3.5$ . Only 3.5% of the respondents partially needed constant assistance. The quality of life of patients was assessed using the SF 36 questionnaire on 8 points. For convenience, the results were divided into two groups: from 0 to 60% includes low, low and average indicators of quality of life, from 61 to 100% increased and high indicators of quality of life. According to the item, physical functioning (average score  $63.2 \pm 23.7\%$ ) in the first group of 46.5% of patients with an average score of  $41.4 \pm 13.8\%$ , in the second - 53.5% with an average score of  $85.0 \pm 11.9$ . For the item, role-based functioning due to physical condition (average score  $38.3 \pm 39.1$ ) in the first group 69% of respondents with an average score of  $15.1 \pm 18.5$ , in the second group 31% with an average score of  $94.3 \pm 11,9$ . According to the item, the general state of health (average score  $54.6 \pm 15.2$ ) in the first group is 72% (average score  $46.9 \pm 9.9$ ), in the second group 28% (average score  $70.6 \pm 7.8$ ). According to the item, life activity (average score  $56.9 \pm 21.4$ ) in the first group 61.5% (average score  $43.2 \pm 12.4$ ), in the second - 38.5% (average score  $78.7 \pm 7, 2$ ). Under the item, social functioning (average score  $62.8 \pm 24.5$ ) in the first group of 35.5% of respondents (average score  $36.3 \pm 14.5$ ), in the second - 64.5% (average score  $77.5 \pm 13,8$ ). Under the item, role-based functioning due to the emotional state (average score  $54.8 \pm 39.7$ ), in the first group 48.5% (average score  $14.6 \pm 16.1$ ), in the second group 51.5% (average score  $91, 2 \pm 13.8$ ). And on the item, mental health (average score  $58.4 \pm 19.7$ ) in the first group 51.5% (average score  $40.4 \pm 10.1$ ), in the second group 48.5% of patients (average score  $78 \pm 10, 4$ ).

Conclusion. All in all, chronic cerebral ischemia of the second stage is an intermediate link between the initial changes in the brain with complaints of a subjective nature and pronounced focal neurological symptoms with obvious cognitive deficit. The

quality of life in patients with chronic cerebral ischemia suffers to one degree or another. The physical component of health is more affected than the mental component.

#### REFERENCES

1. Bachinskaya N. Yu. Syndrom of moderate cognitive impairment // *Neuronews psychoneurology and neuropsychiatry*. – 2010. - №2. – P. 1-6.
2. Vane A.M., Voznesenskaya T.G., Golubev V.L. and others. Depression in neurological practice (clinic, dynamics, treatment). – M.: Medical News Agency, 2002. - 160p.
3. Gusev E.I., Gekht A.B., Bogolepov A.N., Sorokina I.B. Features of depressive syndrome in patients after ischemic strokes // *Journal of Neurology and Psychiatry*. - 2001. - Issue. 3. – 2831 p.
4. Zakharov V.V. Cognitive impairment in neurological practice // *Journal of doctors "Difficult patient."*- 2005. - №6. – P. 98-105.
5. Zakharov V.V., Yakhno N.N. Syndrome of moderate cognitive impairment in the elderly: diagnosis and treatment // *Russian Medical Journal*. – 2004. - №10. – 573 p.
6. Kispavaeva T.T. Features of the formation and progression of some cognitive impairment in cerebral stroke and ways of their correction // *Journal "Attending physician"*. – 2008. - №05. – P. 10-19.
7. Parfenov V.A., Zakharov V.V., Preobrazhenskaya V.S. Cognitive disorders. - M.: Publisher LLC Group Remedium, 2014. - P. 7-8.
8. Skoromets A.A., Skoromets A.P., Skoromets T.A. Nervous Diseases. - M.: Med press-inform, 2010. - P. 265-270.
9. Fateeva V.V., Kolokolov V. V., Zakharova N.B., Maleina A.Yu., Abramova T.P., Fisun A.V., Kolokolova A.M., Makarov N.S. Violation of sleep and cognitive functions as a manifestation of chronic cerebral ischemia and the pathogenetic basis of their correction // *Journal for Physicians "Attending physician"*- 2006. - №5. – P. 16-23.
10. Shavlovskaya O.A. Therapy of asthenic conditions in patients suffering from chronic cerebral ischemia // *Journal for Physicians "The attending physician"*. - №5. – P. 14-19.
11. Shavlovskaya O.A. Neuroprotective therapy for chronic cerebral ischemia // *Journal for doctors "The attending physician"*. - №9. – P. 13-21.
12. Shuteeva T.V. Methods for the correction of cognitive and emotional disorders in patients with discirculatory encephalopathy // *Journal for doctors "Difficult patient"*. - 2015. - №5-6. - P. 18-21.
13. Yakhno N.N., Zakharov V.V. Treatment of mild and moderate cognitive impairment // *Russian Medical Journal*. - 2007. - №10. – 797 p.
14. Yakhno N.N., Shtulman D.R. Nervous System Diseases: A Guide for physician. - M.: 2001. - P. 274-284.
15. Lyubov E.B. Early signs of dementia: expensive on time. - M.: New Opportunities LLC, 2001. – 267 p.

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#### **ХАРАКТЕРИСТИКА КОГНИТИВНЫХ НАРУШЕНИЙ И КАЧЕСТВА ЖИЗНИ У БОЛЬНЫХ ХРОНИЧЕСКОЙ ИШЕМИЕЙ ВТОРОГО МОЗГА**

**Резюме:** в статье исследованы когнитивные расстройства и проведена оценка качества жизни у больных с хронической ишемией мозга второй степени. Хроническая ишемия мозга является основной клинической формой хронической сосудистой мозговой недостаточности. Данная категория больных чаще всего госпитализируется в стационары неврологического профиля.

**Ключевые слова:** хроническая ишемия мозга, когнитивные расстройства, аффективные расстройства, качество жизни