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FEATURES OF THE COURSE OF ISCHEMIC STROKE AND COGNITIVE IMPAIRMENT IN PATIENTS WITH DIABETES 2 TYPES

Resume. Qualitative characteristics of cognitive disorganization in DM, clinical description of diabetes, and dependence of cognitive task State on the neurophysiological and neurochemical basis of high brain activity disorder in DM have been investigated. However, to this day, many questions related to the diagnosis, pathogenesis, phenomenology of cognitive disorders in DM remain unanswered. In recent years, attention to the problem of cognitive impairment in DM has intensified after the Association of DM with Alzheimer's disease (AD) has been found.

Keywords. Blood pressure, adenosindiphosphate, atherothrombotic ischemic stroke, cognitive impairment.

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ОСОБЕННОСТИ ТЕЧЕНИЯ ИШЕМИЧЕСКОГО ИНСУЛЬТА И КОГНИТИВНЫХ НАРУШЕНИЙ У ПАЦИЕНТОВ С САХАРНЫМ ДИАБЕТОМ 2 ТИПА

Резюме. Были исследованы качественные характеристики когнитивной дезорганизации при СД, клиническое описание диабета и зависимость

состояния когнитивной задачи от нейрофизиологических и нейрохимических основ нарушения высокой мозговой активности при СД. Однако по сей день многие вопросы, связанные с диагностикой, патогенезом, феноменологией когнитивных расстройств при СД, остаются без ответа. В последние годы внимание к проблеме когнитивных нарушений при СД усилилось после того, как была обнаружена связь СД с болезнью Альцгеймера (БА).

Ключевые слова. Артериальное давление, аденозиндифосфат, атеротромботический ишемический инсульт, когнитивные нарушения.

Relevance. Diabetes mellitus (QD) is a complex dysmetabolic disease that damages many organs and systems in the body. QD is considered one of the most common causes of lower limb gangrene, blindness, terminal nephropathy, leading to the development of neuropathy and cardiovascular disease. A less well-known complication of QD is diabetic encephalopathy, which leads to cognitive decline, as well as Bmocab. Cognitive dysfunction not only disrupts the social activity of patients and leads to a deterioration in their lifestyle, but also reduces uniform control of the course of the disease, and increases the risk of developing serious complications leading to severe disability and death. Diabetes Mellitus Type 2 is one of the common diseases among the elderly. In recent years, it has been discovered that the incidence of QD has been increasing rapidly. Every 10-15 years, the number of patients in the countries of the world increases by about two times.

The purpose of the work. In patients with diabetes mellitus 2 Type, the characteristics of ischemic stroke are considered to be due to clichéd.

Research materials and methods. This research work was carried out at the Department of neurology of the Andijan State Medical Institute. The adti Clinic Department of Neurology provides emergency care to patients in the neurology section, including those with acute cerebral circulatory disorders. Continuity of the stationary and outpatient phases can lead patients to dynamic monitoring in the outpatient phase in the neurology cabinet and somatoneurology

Department, located on the territory of the adti clinic, in which secondary prevention of vascular conditions is controlled. Part of the laboratory tests (determination of the activity of the Willebrand phoni factor) were carried out in the laboratory of the adti clinic.

Research results and their discussion. Almost all patients who join the study complain of memory, decreased attention and exhaustion. Overall, cognitive status assessment on the MMSE scale in core group patients (type 2 vaqd II)was significantly lower than the control group ($r<0.01$). In a group of QD type 2 patients, the acute period of cognitive impairment II was found to be 90.1%, among them an average cognitive impairment of 84.9%, with an expressed kb of 15.1% in the patient. In a group of non-QD type 2 patients,cognitive activity disorder (45 people - 86.5%) during acute II:moderate cognitive impairment was found in 42 (93.3%), full expression in 3(6.7%) patients. When comparing the results of the group under investigation, we found a statistically significant difference in patients during acute II ($r=0.14$).Hence, while QD type 2 patients had an average MMSE scale score of 25.8±2.4, in QD type 2 patients this indicator showed a score of 26.3±1.8. Like the main group of patients, patients of the comparative group also observed short and long-time memory, verbal recall, account impairment in the neuropsychological test. In the early days of the onset of the disease, it was found that all II patients had a statistical analysis indication of a significant difference in relation to the control group, as well as a decrease in the amount of blood plates ($R=0.36$, $R=0.28$ corresponding in groups).Increased tr functional activity in II was observed in increased blood plate aggregation under the action of ADF.

Based on the Wilcoxon criterion, testing its hypothesis of two sample differences in Dynamics II showed that a significant decrease in ADF-at in the primary group was observed only at the end of the acute period (day 21), in which a significant decrease was found in the second week of observation, like patients without QD type 2. It is possible that this condition is due to the large resistance of platelets to therapeutic effects in QD type 2 patients.In QD type 2 patients, the

overexpressed change in ADF-inducer aggregation allows the indications of chronic hyperglycemia and platelet hemostasis to predict an aggressive effect on its consequences.

Another important description of platelet functional status is the molecular marker of R-thromboglobulin (rtg) product –TR activation. In QD type 2 patients, rtg levels were initially 56.9±3.2 ng/ml, in addition its levels remained unchanged during the first week of the disease, decreasing by 14% on the 21st to 49.2±3.7 ng/mL.Further observations on the indicators did not reveal a sharp decrease in concentration in the period indicated above, 6- 42.6±2.1 ng/ml per month.In the group of QD type 2 patients, rtg concentration has changed analogically, but by the 21st the rate of decline was 38.4±3.6 ng/ml, meaning that the decline has decreased by almost 25%.At the conclusion of the observation (in the 6th month), this indicator was 39.4±4.1 ng/ml, approaching rtg levels in the control group. Analysis of Rtg decline Dynamics shows that QD type 2 patients experienced prolonged high levels of RTG, with a decrease in the result of treatment conducted showing a decrease in indicators by only the 3rd month, unlike patients without QD type 2 observed on the 14th day of observation.

Conclusion. In patients with ischemic stroke in patients with diabetes mellitus type 2, the level of glaucemia indicates increased thrombogenic activity in the group of deceased with glucose levels of 13.2±0.9 mmol/l, living patients 8.7±1.2 mmol/l. was significantly higher than the group ($r<0.05$. In QD type 2 patients, a correlation was confirmed between the first days of II and the concentration of blood plasma in the course of the disease. A significant difference was obtained between the severity of ii manifestations on Day 1 of the disease and the different levels of glycemia >10.0 mmol/l, <10.0 mmol/l i <7.0 mmol/L.

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