

ASSESSMENT OF COGNITIVE FUNCTION IN PATIENTS WITH ARTERIAL HYPERTENSION AND CEREBROVASCULAR PATHOLOGY.

Head of the department Djuraev D.R.,

PhD Nishonov Sh.Yu.,

assistant Tajibaev N.Z.,

resident Karimova L.Z.

Republican Scientific Center of Emergency Medical Care of Andijan branch.

Arterial hypertension (AH) is one of the most frequent causes of high morbidity and mortality worldwide from cardiovascular diseases, the share of which in the structure of total mortality is 20-50%. The latter circumstance is connected both with the widespread spread of this disease and with the fact that high blood pressure contributes to the development of cardiovascular complications leading to high mortality (myocardial infarction and cerebral stroke). Pathological processes developing with hypertension in the vascular system of the brain determine the lesion of the actual substance of the brain with the formation of hypertensive angioencephalopathy. The morphological substrate of these disorders are small focal and diffuse changes mainly in the deep parts of the brain. Most often, lacunae are localized in the white matter of the frontal lobe, then in the projection of the shell, the bridge of the brain, the white matter of the parietal lobe, the visual hillock, the caudate nucleus (in descending order of frequency). Their development reflects a certain stage of structural restructuring of cerebral arteries and arterioles. Hypertension is an important factor that causes a decrease in cerebral blood flow. Such a decrease is observed not only in patients with cerebral disorders, but also in the absence of neurological symptoms.

ОЦЕНКА КОГНИТИВНОЙ ФУНКЦИИ У ПАЦИЕНТОВ С АРТЕРИАЛЬНОЙ ГИПЕРТОНИЕЙ И ЦЕРЕБРОВАСКУЛЯРНОЙ ПАТОЛОГИЕЙ.

заведующий отделения Жураев Д.Р.,

доктор философии в области медицинских наук Нишонов Ш.Ю.,

ассистент Тажибаев Н.З.,

ординатор Каримова Л.З.

**Республиканский научный центр экстренной медицинской помощи
Андижанского филиала.**

Артериальная гипертензия (АГ) - является одной из самых частых причин высокой заболеваемости и смертности во всем мире от сердечно-сосудистых заболеваний, доля которых в структуре общей смертности составляет 20-50%. Последнее обстоятельство связано как с широким распространением этого заболевания, так и с тем, что повышенное артериальное давление способствует развитию сердечно — сосудистых осложнений, приводящих к высокой смертности (инфаркт миокарда и мозговой инсульт). Развивающиеся при АГ патологические процессы в сосудистой системе головного мозга определяют поражение собственно вещества мозга с формированием гипертонической ангиоэнцефалопатии. Морфологическим субстратом этих нарушений являются мелкоочаговые и диффузные изменения преимущественно глубоких отделов головного мозга. Наиболее часто лакуны локализуются в белом веществе лобной доли, затем – в проекции скорлупы, мосту мозга, белом веществе теменной доли, зрительном бугре, хвостом ядре (в порядке

убывания по частоте). Развитие их отражает определенный этап структурной перестройки церебральных артерий и артериол. АГ является важным фактором, обуславливающим снижение мозгового кровотока. Подобное снижение наблюдается не только у больных с церебральными нарушениями, но и при отсутствии неврологической симптоматики.

Methods and materials.

A prospective study was conducted on the basis of the Republican Scientific Center for Emergency Medical Care of the Andijan branch. 30 people were studied, the average age of which was 53 ± 1.5 years. To objectify cognitive impairments, the generally accepted screening standard "Short Mental Status Assessment Scale – Mini Mental State Examination" (MMSE) was used. The tasks included in this scale evaluate memory, orientation, counting and constructive praxis. The exclusion criteria were the patient's refusal to participation in the study, the presence of concomitant pathology (cancer, mental disorders). A package of applied statistical programs was used for data processing.

Results.

The study revealed that none of the patients received the maximum score (30 points); moderate cognitive disorders were present in 28 patients (27-25 points); pronounced cognitive disorders were expressed in 2 people (24 or less points).

Conclusion.

Thus, as a result of the study, it was found that 93% of patients suffering from arterial hypertension and cerebrovascular pathology have moderate cognitive disorders. If a vascular etiology of cognitive disorders is suspected, it is advisable to supplement the MMSE scale with neuropsychological tests sensitive to frontal dysfunction. With a low score (24 or less points), a neuropsychiatrist, a psychologist are involved in the

examination, special tests are used to diagnose dementia and clarify its nature (vascular dementia, atrophic brain diseases). In addition to general therapeutic and neurological examination, angiological (ultrasound) and neuroimaging (computer magnetic resonance imaging or magnetic resonance imaging) examination. Additional diagnostics is aimed at clarifying the state of blood vessels and brain matter and excluding tumors, inflammatory and other diseases of the central nervous system.

Literature

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