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EVALUTION OF THE STATUS OF COGNITIVE DISORDERS IN PATIENTS SUFFERED FROM STROKE

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ABSTRACT

Annotation. Cognitive disorders in patients suffered from stroke. We've analyzed 36 patients (20 men and 16 women, the mean age was $57,4\pm3,4$ and the history of stroke was $9,2\pm3,8$ years). Stroke is the disease that results in cognitive disorders mainly occur in patients over 60 years of age. Cognitive disorders depend on the age of patients, the scope of damaged zones after stroke, and the number of recurrent stroke. In order to evaluate cognitive disorders we've used neuropsychological test MMSE (Mini-Mental State Examination) scales.

KEYWORDS: Stroke, cognitive disorders, scale MMSE, neuropsychologic tests, volume of damaged zones, recurrent strokes.

INTRODUCTION

Relevance. Diseases associated with acute circulatory disorders in the brain, and not just in our country, but around the world, are some of the major problems. The problem is aggravated by the prevalence of morbidity, high mortality and disability rates, the inability of a large number of survivors to continue their activities, and the partial or total loss of their role in society. [1, 2]

Stroke occupies a leading position in vascular diseases of the brain. Cognitive disorders in patients with stroke are increasing year by year. Stroke is a pathology that leads to long-term hospitalization of patients with reduced ability to work, resulting in long-term hospitalizations, reduced quality of life in their families, and significant economic costs for the state. 1, 2, 6]

MMSE (*Mini-Mental State Examination*) The scale is one of the most widely used measures for the diagnosis and evaluation of neuropsychological disorders.^[3,4] This scale can be used by a neurologist, psychologist, and psychiatrist to diagnose cognitive impairment in patients and it is also possible to complete the scale in a short time.^[1,5]

The purpose of the investigation

Study and evaluation of patients with stroke, inpatient and post-stroke cognitive disorders among the population of the Family Polyclinic # 1 in Bukhara.

MATERIALS AND METHODS

In order to achieve the above objective, we examined 36 patients with stroke complications and post-stroke cognitive disorders among residents of the family clinic number 1 in Bukhara during 2014-2017.

The MMSE scale used a neuropathologist, psychologist and psychiatrist to diagnose cognitive impairment in patients, and we conducted a questionnaire on the cognitive impairment index for all 36 patients in the study, given that it was possible to complete the scale in a short time (*table*).

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The function to be verified	Task	Rating
Determination of time	Specify time (day, month, day of week, year, season)	0-5
Location determination	Where are we now (room, clinic, clinic, home, city, state)?	0-5
Cognition	Repeat the following 3 words: water, needle, pencil.	0-3
Attention	Separate 7 out of 100.	0-5
Memory	Just remember the 3 words.	0-3
Gnosis	What is this? (the patient should name the items shown, such as pencils and hours)	0-2
Repeat the sentence	Repeat the phrase: "At least, never"	0-1
Explanation of the assignment	When you take the paper with your right hand, fold it over the table.	0-3
Reading	Read this post aloud ("Close your eyes") and do it.	0-1
Writing	Think of a sentence and write it down on a piece of paper.	0-1
Drawing	Draw this picture ().	0-1
Total score		0-30

Table: Short Scale of Mental Status Assessment. (Mini-Mental State Examination, M.Folstein et al., 1975).

Points grading: 28-30 - no cognitive impairment, 20-27 mild dementia, 11-19 - moderate dementia and 0-10 severe dementia.

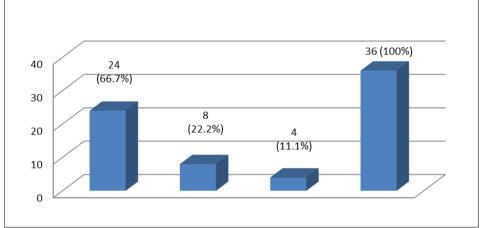
A healthy person can score up to 28-30 points. As the cognitive impairment deepens, the cumulative scores accumulate. It is widely used in diffuse lesions of the brain on the MMSE scale, namely cerebrovascular diseases, encephalopathy with different etiologies, diffuse cerebral atrophy.

INSPECTION RESULTS AND DISCUSSIONS

Of the 36 patients in our study, the incidence was 9.2 \pm 3.8 years and their mean age was 57.4 ± 3.4 years. Of the 36 patients, 20 (55.6%) were male and 16 (44.4%) were female. Of the 20 males, 14 (70.0%) had ischemic stroke and 6 (30.0%) had hemorrhagic stroke. Out of 16 women, 10 (62.5%) had ischemic stroke and 6 (37.5%) had hemorrhagic stroke. Of the 14 patients with ischemic stroke, 5 (35.7%) had recurrent ischemic stroke, and 3 out of 6 male patients with hemorrhagic stroke had recurrent hemorrhagic stroke. Of the 10 women with ischemic stroke, 4 (40.0%) had recurrent ischemic stroke, and only 2 (33.3%) of 6 women with hemorrhagic stroke had recurrent hemorrhagic stroke. All 36 patients had comorbid complications from accompanying illnesses in 29 (80.6%), cardiac ischemia 20 (55.6%), diabetes 12 (33.3%), obesity in 18 (50.0%) patients, and 15 with unhealthy habits. Seventeen (41.7%) patients were identified.

The majority of our patients were over 60 years of age (Figure 1), and their age and number were as follows.



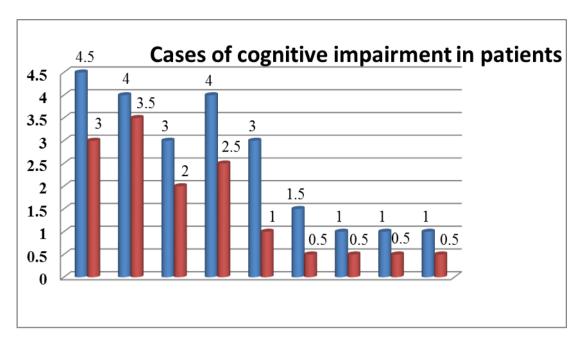


1) 60-75 years old; 2)45-60 years old; 3)25-44 years old; 4) total.

Based on the results of the tests, all patients showed cognitive impairment (Figure 2). Of the 36 patients, 26 (72.2%) were diagnosed with moderate cognitive

impairment, and 13 (36.1%) with severe dementia. The majority of patients with pronounced dementia were first-time patients with recurrent ischemia (9.0 (25.0%) and hemorrhagic (4) (11.1%).

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CONCLUSIONS

- 1. While patients with recurrent cognitive impairment had a pronounced dementia, moderate cognitive impairment was first reported in patients with a stroke.
- 2. It was found that the degree of cognitive impairment depends on the number of re-strokes.
- 3. The older patients who undergo stroke, the greater the degree of cognitive impairment.

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