

ASSESSMENT OF COGNITIVE DISORDERS IN PATIENTS WITH DISCIRCULATORY ENCEPHALOPATHY OF HYPERTONIC GENESIS

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Abstract. The diagnosis of hypertensive encephalopathy is highly dependent on the exclusion of other neurological emergencies. We look at the vast causes of PRES and its visual characteristics. Treatment strategies have not changed significantly over the past decade, although new calcium channel blockers are simplifying the approach to lowering blood pressure. Although in most cases this may be sufficient to treat hypertensive encephalopathy, treatment for PRES also depends on the modification of other provoking factors. Hypertensive encephalopathy and PRES are overlapping disorders for which an intense decrease in blood pressure is critical. Further research is needed both for diagnosis and for complementary treatment strategies for these critical conditions.

Keywords: anxiety, depressive disorders, hypertensive discirculatory encephalopathy.

The aim of the study is to study the neuropsychological features of cerebrovascular disorders in people of working age at the outpatient stage.

Materials and research methods. We examined 60 patients of working age. Who had a history of hypertension II-III degree. Clinical-neurological and clinical-instrumental examinations were performed. Statistical analysis was performed using the SPSS Statistics 20.0 and Microsoft Excel 2011 software package. For qualitative features, either Fisher's exact test or the chi-square test was applied, depending on the number of observations in each cell of the contingency table. All examinations were carried out at the regional multidisciplinary hospital. The scale of anxiety and depression on the DASS-21 scale.

Results of the study: According to the results of the study, patients with discirculatory encephalopathy without arterial hypertension showed significant memory impairment according to the MMSE scale ($p < 0.003$). In patients with discirculatory encephalopathy against the background of arterial hypertension, anxiety ($p < 0.001$) and depressive disorders ($p = 0.033$) were significantly predominant compared with patients with discirculatory encephalopathy without arterial hypertension. An increase in depressive disorders and anxiety in patients with discirculatory encephalopathy against the background of arterial hypertension reduces orientation and memory.

The main risk factors contributing to the development of cardiovascular diseases in young and middle-aged people with chronic cerebrovascular insufficiency caused by essential hypertension stage I or II were studied. Thirty male patients with initial manifestations of insufficient blood supply to the brain (IMIBS), 30 male patients with discirculatory encephalopathy (DE) stage I or II, and 20 and 10 female

patients with the same conditions, respectively, were examined. Hypertensive cerebral crises were significantly more frequent in patients with DE of both sexes than in patients with IMIBS, and in patients with DE there was a tendency for a longer duration of arterial hypertension compared to patients with IMIBS. The survey results indicate that excessive body weight, hypokinesia and psychoemotional stress, as well as the accumulation of risk factors contributed to the development of DE in hypertensive patients with IMIBS. On the basis of discriminant analysis of risk factors, the authors have developed a method for predicting the development of DE in patients with IMIBS of hypertensive etiology. The use of this method will significantly increase the effectiveness of preventive and therapeutic measures in patients with IMIBS.

Conclusion.

Thus, the factors and markers of CVS impairment can be considered as criteria for the risk of cerebral hypoperfusion with inadequate antihypertensive therapy. In patients with chronic cerebrovascular disease, cardiovascular disorders are due to arterio / arteriopathy resulting from hypertension. Limiting the potential for vasodilatation indicates dysfunction of cerebral autoregulation. Thus, the factors and markers of CVS impairment can be considered as criteria for the risk of cerebral hypoperfusion with inadequate antihypertensive therapy.

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