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Complex Rehabilitation Treatment of Persons with Initial Cerebral Vascular Pathology

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Abstract: The most severe consequences of stroke are speech and motor disorders. These manifest themselves in different ways and occur in about 70% of survivors. The lost abilities usually return with time, but the risk of disability always exists and worries patients. Timely medical care and properly organised rehabilitation after stroke can help restore health and return to a normal life.

Key words: initial manifestations of cerebrovascular insufficiency, prevention of acute stroke

Introduction. A stroke attack can last from 2 to 24 hours. Disorder of cerebral blood circulation leads to the dying off of nerve cells, rupture of blood vessels, brain oedema. These processes are not asymptomatic[8]. The first signs of dangerous pathology are a severe headache, nausea, vomiting. Then neurological symptoms appear:

- coordination disorders

- trophic and cognitive disorders

- deterioration of vision and hearing

- memory loss

- paresis and paralyses of different parts of the body.

Some symptoms disappear soon after an attack, but there is no stopping the death of brain cells that has begun. The earlier medical help is provided, the higher the chance of saving the patient's life and restoring his health. After a stroke, a person is deprived of the ability to communicate, feel and move normally, and often the psyche suffers[7].

To save the patient from dangerous complications and help restore health, the participation of experienced specialists is required. It is not safe to treat at home. Only qualified doctors are able to control the processes occurring in the body, and correctly plan treatment and recovery measures.

Cardiovascular diseases (CVDs) are one of the most pressing problems in the health care system of a large number of both developed and developing countries, including Uzbekistan [1,4,5].

CVDs occupy the 1st place among the causes of mortality of the population (52-55 % of all deaths). IBS is 120-130 cases, GB 50-65 per 1000 population. In total, in economically developed countries, CVDs average 230-250 per 1000 population (every 4 people are affected). In Uzbekistan, the number of deaths from CVDs per 100 thousand people of the permanent population is 375 [1,4,5,6].

Among SSDs, brain diseases are one of the most urgent problems of modern neurology due to their widespread occurrence, high percentage of mortality and disability. The problem is of great social importance due to the fact that the contingent of patients in this category are people of working age.

Recently, the study of the initial manifestations of cerebral blood supply insufficiency (CBBI), their risk factors, allowing to optimise the strategy and tactics of prevention of cerebrovascular diseases, in particular acute cerebral circulatory disorders, is of great importance. Due to its complexity, the problem has many aspects that require detailed study in different regions with different climatic conditions. The degree of industrialisation, ethnographic and microsocial features.

Purpose of the study: to compare the prevalence of major risk factors and their combination in cohorts with a progressive and stable course of the disease to identify the most significant factors affecting the progression of the disease in order to prevent acute cerebral circulatory disorders.

Materials and methods of the study: a prospective follow-up (6 months and 6 years) of 180 women with NPNCM aged 20 to 59 years at the beginning of the study was carried out. During this period, the patients were examined twice with an interval of 3 years. The following indicators were taken into account in determining the 'deterioration' status: fatal outcome, transition to a disability group due to hypertension (HD) and ischaemic heart disease (IHD), development of transient cerebral circulatory disorders, occurrence of new cases of CVD, worsening of the course of NPNCM, and development of acute cerebral circulatory disorders. The following risk factors were studied: age, BP level, CHD, obesity, hereditary aggravation, total β lipoprotein fraction, hypercholesterolemia, psychoemotional stressful situations at home and at work.

Results and discussion. In the progressive course of the disease 34,6±2,36% of patients had some risk factors and only 5,4% did not have them. The importance of individual risk factors was taken into account according to the coefficient of informativeness, the highest value of which was found for total β lipoprotein fraction - 1.0, then for psychoemotional stress - 0.52, hypercholesterolemia - 0.47, aggravated heredity - 0.42, excessive body weight - 0.30, CHD - 0.11 and least of all for AH - 0.012.

The majority of patients had a complex of risk factors, therefore their integrative influence on the course of the disease was analysed. In the age group from 20 to 39 years the following combinations had the greatest pathological significance: hypercholesterolemia with hereditary aggravation (46,2±13,8%), hereditary aggravation and stress (42,8±13,6), β lipoproteinaemia and stress (38,5±13,5), and hypercholesterolemia, hereditary aggravation and stress (36,8±12,9).

In the older age group of 40 to 59 years, the following combinations were the most unfavourable: Hereditary aggravation together with β lipoproteinaemia (61.9±6.1), hypercholesterolaemia and hereditary aggravation (47.6±6.3), hypercholesterolaemia, hereditary aggravation and β lipoproteinaemia (46.0±6.3), and hypercholesterolaemia, β lipoproteinaemia and obesity (30.2±5.8).

All patients underwent individual correction of corrected risk factors, as a result of which no acute cerebral circulatory disorders, acute myocardial infarctions, except for 1 case of fatal infarction, were observed in both age groups in the catamnesis, which testifies to the undoubted positive influence of secondary prevention measures.

Conclusions. The obtained data will allow to organise more clearly and purposefully the system of complex restorative treatment of persons with initial cerebral vascular pathology, and the concept of commonality of some risk factors for a number of chronic non-infectious diseases is a theoretical prerequisite for the development of an integral approach to the prevention of these diseases.

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