Published: December 25, 2021 | Pages: 150-153

FEATURES OF THE COGNITIVE PROFILE IN ELDERLY PATIENTS WITH AUTONOMIC DYSTONIA SYNDROME

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ABSTRACT: This article discusses the features of the cognitive profile in elderly patients with autonomic dystonia syndrome. Of course, combinations of both components are frequent, which is also reflected in the structure of changes during an interview with a patient. This allows us to speak about the presence of an intellectual deficit, despite a sufficient number of points in the survey, which requires further monitoring of the patient.

KEYWORDS: Cognitive profile, elderly patients, autonomic dystonia syndrome, components, interview, intellectual deficit, sufficient number, survey, further monitoring.

INTRODUCTION: The importance of cognitive disorders cannot be overestimated. Non-cognitive, psychotic signs of dementia are of social importance, including confusion (delirium), hallucinatory-delusional disorders, behavioral and household activity disorders [1]. Very often, along with cognitive decline, and sometimes even before its first signs, depression and anxiety disorders appear.

Along with the common in our country concept of dyscirculatory encephalopathy, or chronic cerebral ischemia, a large percentage of cognitive deficits are due to neurodegenerative diseases (Alzheimer's disease, diffuse Lewy body disease, frontotemporal degeneration, Huntington's chorea, Parkinson's disease, etc.). Dyscirculatory encephalopathy (DEP) is a chronic progressive form of cerebrovascular pathology associated with multifocal or diffuse brain damage and manifesting itself as neurological and neuropsychological disorders [1]. Recently, the concept of vascular cognitive impairment has been actively developed, which

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combines all cases of cognitive decline due to cerebrovascular insufficiency, including vascular dementia [2].

Of great importance is the early differential diagnosis of cognitive disorders of various origins, including at the stage of moderate cognitive disorders (MCD). Currently, additional research methods are being developed for this purpose. However, with detailed neuropsychological testing, it is possible to distinguish between vascular and degenerative MCD or to determine their combination in a patient. It is necessary to determine topically whether cognitive disorders are caused by a primary lesion of the temporoparietal or subcortical and frontal regions [2]. Of course, combinations of both components are frequent, which is also reflected in the structure of changes during an interview with a patient.

It should be noted that for the differentiation of vascular and degenerative processes, anamnesis data are of great importance. In favor of the first reason, there are indications of a stepwise progression of the mnestic defect, possible temporary fluctuations of symptoms, focal symptoms detected during a neurological examination (gait disturbance, pseudobulbar syndrome, anisoreflexia, etc.), the presence of "vascular" risk factors, which are increasingly recognized as equally significant. and for the development of Alzheimer's disease.

The purpose of the study. Identification of neuropsychological features among elderly patients with autonomic dystonia syndrome.

MATERIALS AND METHODS

We examined 147 patients aged 60-75 years who were hospitalized in the neurological department of the ASMI clinic in the period from 2019 to 2022 with a diagnosis of chronic cerebral ischemia of the 2nd stage against the background of atherosclerosis and hypertension, confirmed by the data of magnetic resonance imaging of the brain, ultrasound examination of extracranial vessels, biochemical blood tests, including lipid profile. Cognitive functions were assessed using various scales, the main one being the Montreal Cognitive Function Assessment Scale (MoCa test), also using the MMSE (Mini Mental Status Assessment Scale), Mini-Cog test, frontal dysfunction battery, etc. Patients were not included in the study with anxiety and depressive disorders.

RESULTS

Among patients, hemodynamically significant stenoses occurred in 6%, hemodynamically insignificant - in 43%, in the rest, according to the scanning of extracranial vessels, initial

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manifestations of atherosclerotic lesions of the carotid arteries were observed. Hyperlipidemia was observed in 57% of cases, while all patients received statin drugs. According to neuroimaging data, 62% of patients had a pattern of severe cortical atrophy, leukoaraiosis, and asymmetry of the lateral ventricles with symptoms of hydrocephalus replacement. In the rest of the patients, along with the indicated changes, postischemic foci occurred due to previous acute cerebrovascular accidents.

Neurological examination revealed the following focal signs: ataxia of the frontal dysbasia type - in 30% of the subjects, manifestations of pyramidal insufficiency in the form of asymmetry of tendon reflexes - in 20% and the presence of pathological foot signs - in 10%, hypokinetic syndrome - in 10% of cases, pseudobulbar syndrome - in 6%, pelvic disorders - in 6% of patients. In 20% of patients there were only subjective complaints of headaches, non-systemic dizziness, "noise" in the head.

As a result of neuropsychological testing, cognitive disorders of predominantly dysregulatory type were identified. Its main manifestations can be represented by the following spectrum of disorders: the help of semantic cues in delayed word reproduction (memory test), the ability to copy a clock when it is impossible to independently perform the clock drawing test, a predominant decrease in phonetic speech activity, flattening of thinking, decreased attention, deterioration in performance of tests from the battery of frontal dysfunction, deterioration in regulatory functions, the presence of perseverations. 14% of patients had a mixed type of intellectual impairment (a combination of dysregulatory and amnestic variants), while along with the listed signs, one could also observe the ineffectiveness of prompts, a decrease in speech activity in relation to semantically mediated associations, the presence of acalculia, agnosia, apraxia, aphasia of various types, indicating involvement in the process and the posterior parts of the cerebral cortex.

There was the following distribution according to the number of points scored in accordance with the performance of the MoCa test: less than 15 points - 10% (severe cognitive impairment corresponding to a severe degree of dementia), 15-19 points - 17% (severe impairments - mild and moderate dementia) , 20-25 points -60% (moderate cognitive deficit, which is a borderline state with the preservation of everyday activity). In 13% of patients, as a result of testing, a result of more than 25 points was obtained, which corresponds to the norm, however, during the survey, gross violations were revealed in one of the cognitive areas (for

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example, incorrect execution of the clock drawing test). This allows us to speak about the presence of an intellectual deficit, despite a sufficient number of points in the survey, which requires further monitoring of the patient.

CONCLUSION

In the cognitive sphere of elderly patients with vascular cognitive disorders, moderate disorders of a predominantly dysregulatory nature prevailed. However, the proportion of patients with a mixed type of disorders of higher brain functions is also significant, which indicates the presence of a neurodegenerative process. This confirms the need to influence vascular risk factors (arterial hypertension, heart failure, dyslipidemia), which are important in the development of both dyscirculatory and degenerative changes in the brain. Identification of MCD is especially important in view of the possibility of drug correction of cognitive impairment at this stage in the form of reducing the defect or preventing its progression, which in essence is the prevention of dementia.

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