CURRENT STATE OF THE PROBLEM OF ACUTE DISORDERS OF CEREBRAL CIRCULATION

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Purpose: at the present stage, more than 50 sources have been studied and systematized to study the problem of acute cerebral circulation.The effectiveness of rehabilitation in patients with cerebral vascular lesions was also studied.However, the data show that this pathology develops rapidly, and their fusion with other pathologies is not enough for the rehabilitation of ONMC.

Keywords: acute disorders of cerebral circulation, stroke, consequences.

The effectiveness of medical rehabilitation in patients with a cerebral stroke, given the frequent combination of these pathologies and their mutually aggravating nature, there is not enough information about the complex methods of restorative treatment for COPD with a pathology that accompanies the cardiovascular system of interest to this problem. Acute cerebral circulation disor is one of the main causes of morbidity, mortality, long-term disability and disability in society [3, 6]. They are also the second most common cause of dementia, a common cause of epilepsy found in older adults, and a common cause of depression. 5.5-6 million people suffer a cerebral stroke every year, of which 4.5 million die[6]. His research and achievements in the current field of modern medicine have solved the most acute problems of mankind. The most important was the high mortality rate from this pathology among various diseases. However, Shirokov E. A. According to data, an increase in life expectancy also led to an increase in the proportion of diseases characteristic of large age groups – diseases of the nervous system, arterial hypertension, cardiovascular diseases, diabetes mellitus, oncological diseases. In the 20th century, diseases of the circulatory system began to pose a major health problem, as well as conducting an analysis of modern large-scale international studies (tosh, Syst-EUR, Niss). The results of the study conducted showed that among cardiovascular diseases, the frequency of occurrence of stroke from the ratio to myocardial infarction began to prevail by about 30%. This phenomenon is called "paralysis paradox" [10]. For us, the most reasonable and reliable explanation for this condition is the relationship of the life expectancy of a stroke. The importance of the problem of cerebral blood vessels lies not in the disease itself, but in its consequences. Scientists from the University of Oxford have found that the mortality rate from all types of stroke during the first week is 12%, the first month – 19%, the first year – 31%. According to Russian authors, 40-45% of patients with a cerebral stroke die within a year. In later years, every fifth develops a secondary stroke. During the first year, up to 60% – the highest mortality rate is manifested by strokes suffered in the carotid Basin[4, 6]. According to the latest WHO data published in 2020, the death rate from stroke in Uzbekistan was 21,534 or 13.34% of the total death rate. The age-related death rate is 100,000 per 103.48 inhabitants. Uzbekistan ranks 67th in the world. It should be noted that Uzbekistan accounts for 40.9% of deaths due to diseases of the

circulatory system (100% per 293.4 thousand of the population of the corresponding age). Vascular diseases of the brain are considered not only a medical, but also a social problem: such patients cause great damage to the economy, taking into account the costs of treatment, medical rehabilitation, losses in the field of production. In the US, material losses in patients with vascular diseases are spent from $ 7.5 to $ 11.2 billion per year, and in Russia from $ 16.5 to $ 22 billion per year[9]. Even for a financially prosperous family, there are serious difficulties in maintaining a patient who needs long-term or continuous care and treatment [6, 11]. In addition, there are incalculable costs, such as indirect costs associated with Labor losses, which can significantly exceed the "official" economic loss. We must not forget about the emotional losses, problems and suffering of patients and their relatives associated with the appearance of a stroke. They cannot be calculated by numbers. Stroke incidence in different countries ranges from 1.3 to 7.4 per 1,000 inhabitants. The main goals are to reduce mortality below 20% in the acute stage of stroke and to bring it to 70% of functionally independent activity in daily life three months after the onset of the disease for patients who have survived the acute stage. The need to assess the quality of life and the effectiveness of rehabilitation methods is also highlighted [4]. The consequence of a stroke is often a permanent disability. About 60% of all patients with a cerebral stroke are disabled and are self-serving, 19-35% depend entirely on others, and only 15-20% of stroke patients return to work. J. V. According to bowler, 1 month after the stroke, only 55% of patients can move freely independently, after 2 months – 79%. 6 months after the stroke, disorders affecting daily life activity still persist: 7-11% of patients experience pelvic disorders, 33% cannot eat independently, 31% cannot dress; 19% of patients cannot spontaneously move from bed to chair, 15% –cannot walk. 15% of patients experience significant communication difficulties [10]. This process not only affects motor and emotional functions, but is also a strong risk factor for cognitive impairment and dementia [9]. The combination of physical and cognitive disorders significantly slows or even prevents the recovery of impaired functions, as well as increases the patient's dependence on others [11]. Within 2 weeks of a stroke, cognitive impairment is to some extent diagnosed in 91% of patients[12]. R. F. Gottesman argues that cognitive impairments are more common when a cranial stroke is localized to the vertebrobazillary Basin. According to some foreign authors(s. Paolussi et al.) have tried to find reasons why women's post-stroke rehabilitation efficacy is lower than that of men. In their opinion, men, regardless of age, have more muscle strength, they are more active than women. In addition, according to the authors, men are more confident in themselves, and women seek help from others. The same authors note that with increasing age of patients, the rate of results of good rehabilitation gradually decreases from 13% in patients under the age of 27 to 50% of the elderly [18]. Unlike Foreign Studies, according to a survey conducted in Uzbekistan by the Center for speech pathology and Neuroreabilitation between 100 women with focal brain damage and their relatives, women have a much higher adaptability within the framework of domestic demand, and therefore are less interested in hospitalization in a specialized rehabilitation department. In addition, the ratio of men to women among patients treated at the center is 4:1.[11]. The problem of re-stroke is becoming increasingly important, which in recent years has been ranked second in the total mortality and first among the causes of permanent disability, which is the main cause of population disability in most economically developed countries [1]. According to the authors, there is a high probability of death among people who have suffered a re-stroke. Lebedines V. V. according to, its

recurrence after ischemic stroke is the highest in the first year and averages 10%.
Each subsequent year, the risk increases by 5-8%. In the first month after a temporary ischemic attack, a stroke is possible in 8% of cases. About 30% of patients die from direct subarachnoidal bleeding, and the same number dies as a result of relapse over the next three months [8]. Also during this study, it was found that the main cause of relapsed ischemic stroke in more than 50% of cases was cardiogenic embolism, about 25% – damage to small intracranial vessels, 20% – atherothromboembolism, 5% - rare causes. In addition, the risk factors for the first time and re-OBMQAB, which have the same mechanism of etiopathogenesis, were found to be almost identical. According to available statistics, the most common type of stroke is cranial infarction, accounting for 80.0% of all strokes. In 73.5% of cases, stroke developed against the background of arterial hypertension. The analysis of the above data shows that the rehabilitation of patients with tserebrovascular pathology is one of the most pressing and complex problems of Medicine and social assistance due to rapidly growing morbidity, as well as extremely severe consequences that lead to high disability. Taking into account the frequent combination of cranial blood vessels with the pathology of the cardiovascular system, their mutually aggravating nature negatively affects the decrease in exercise tolerance, restriction of the motor mode, the ability to tolerate traditional methods of medical rehabilitation, it is necessary to more carefully seek and develop new modern methods of gentle and effective rehabilitation,diagnostics and Prevention of this pathology.

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