

## CLINICAL AND EPIDEMIOLOGICAL FEATURES OF STROKE

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**Abstract:** Stroke is a serious health problem worldwide, and the Fergana Valley is no exception. Studies show that in this region, where a multinational population lives, there are certain epidemiological and clinical features of stroke. This is due to a number of factors, including socio-economic conditions, accessibility and quality of medical care, as well as dietary and lifestyle characteristics of the population. The importance of studying stroke in the Fergana Valley is emphasized by the need to develop effective prevention and treatment strategies that take into account the specifics of the region. In addition, given the geopolitical position of the Fergana Valley.

**Keywords:** Stroke, Ferghana Valley, epidemiological features, clinical features, medical care, prevention, treatment.

Acute cerebral circulatory disorders (ACCD) are an important medical and social problem. According to the World Health Organization, stroke is one of the leading causes of death in Uzbekistan. Statistics show that low- and middle-income countries, including Uzbekistan, bear the brunt of the number of stroke cases and related deaths. It is important to note that from 1990 to 2019, there was a significant increase in the number of stroke cases, as well as deaths from it. This highlights the need to improve health systems and access to medical care, as well as raise awareness of risk factors and stroke prevention.

The highest mortality rate is observed with extensive strokes in the carotid basin (60% during the first year). Post-stroke disability ranks first among all causes of disability and is 3.2 per 10,000 population. 20% of stroke survivors return to work, despite the fact that one third of stroke sufferers are people of working age.

The situation is different in the economically developed countries of the Western Europe and the USA, Canada and Japan. There is a steady trend towards a decrease in morbidity and mortality from cerebrovascular pathology, mainly due to active stroke prevention carried out on a national scale and with financial support from the government, for example in Japan by 67%, and in the USA by 42%.

Thus, in the United States, among all deaths from diseases of the circulatory system, less than 10% occur before the age of 65.

Many researchers have noted a tendency to rejuvenate the contingent of patients with vascular diseases of the brain. Cerebral stroke in young men and women from the category of casuistry has become an everyday reality and is often found in the clinical practice of a neurologist and sometimes causes significant difficulties in the diagnosis and management of such patients.

The purpose of the study. Assessment of the prevalence and identification of clinical and epidemiological features of stroke in residents of the Fergana Valley based on data from the population register.

Research materials and methods. We examined 55 patients with ischemic stroke who were undergoing inpatient treatment at the Andijan Regional Hospital. The patients were divided into three groups, according to the pathogenetic classification of TOAST [9], including:

- 1-atherothrombotic stroke (ATI) due to atherosclerosis of large arteries,
- 2-cardioembolic stroke (CES) caused by heart disease
- 3- lacunar stroke (LS) associated with damage to small-caliber arteries.

Reliable, reliable and standardized diagnostic criteria subtypes of ischemic stroke as well as transient ischemic attack do not exist. Each of the subtypes of IS was determined based on an analysis of clinical manifestations, its risk factors and data from additional research methods corresponding to the focus of a brain infarction.

The results of the study. An analysis of the results of the study showed that the incidence of stroke among residents of the Fergana Valley aged 30 years and older was 65 cases per 100,000 population per year. The average value of the standardized mortality rate from ischemic stroke was 52.8 cases per 100,000 population per year. The same indicator among the adult population of the Ferghana Valley (30 years and older) was 33.6 cases per 100,000 inhabitants per year.

When comparing the epidemiological indicators of ischemic stroke in the Ferghana Valley with Similar indicators for the Russian Federation revealed that morbidity, mortality and early mortality among residents of the Ferghana Valley are significantly lower than among Russians from other regions.

When assessing the dynamics of epidemiological indicators of ischemic stroke , a statistically significant decrease in morbidity, the absence of significant changes in mortality and a significant increase in early mortality over the years under study were noted.

The average age of patients with cerebral infarction was  $59.2 \pm 6.2$  years, which is significantly higher than the average age of patients with hemorrhagic stroke and transient ischemic attacks, which was  $57.0 \pm 8.4$  years. The differences in the frequency of recurrent strokes in the studied region (18.4%) and in the Republic of Uzbekistan (25.0%) were statistically significant.

The resulting ratio of ischemic and hemorrhagic strokes corresponded to 4:1.

Among all forms of acute cerebral circulatory disorders (ACCD) registered with residents of the Ferghana Valley during the period under study time, brain infarctions accounted for 74%, the proportion of intracranial non-traumatic hemorrhages was 15%, the incidence of TIA was 11%.

A gender analysis of the structure of all forms of ACCD revealed significant differences with a predominance of intracranial hemorrhages in men and TIA in women. The incidence of brain infarction among both sexes was almost the same.

In ischemic strokes, carotid localization of the lesion occurred in 66%, vertebral-basilar localization - in 13% of cases, in other cases, the localization of brain damage remained unidentified. Received

The ratio of different localization is close to the same in the Republic of Uzbekistan.

In the structure of hemispheric strokes, the localization of the focus in the right hemisphere was found in 43%, in the left hemisphere - in 54% of cases. 26% of the patients had some kind of speech disorder.

Conclusion. Statistically significant differences in the structure of all forms of ACCD were revealed in men and women permanently residing in the autonomous region, with a predominance of intracranial hemorrhages in men and TIA in women. The differences in the frequency of ischemic and hemorrhagic strokes in both sexes are unreliable.

A change in the clinical course of stroke over the studied period of time was found with an increase in the frequency of severe cases, as evidenced by a significant decrease in morbidity in the absence of mortality dynamics and an increase in early mortality.

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