

DYNAMICS OF COGNITIVE RECOVERY AND NEUROLOGICAL FUNCTIONS IN PATIENTS WITH PRIMARY AND REPEATED ISCHEMIC STROKE

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Relevance: Ischemic stroke is one of the most common and dangerous diseases of the cerebral vessels. It occurs when the blood supply to a certain part of the brain is disrupted due to blockage or narrowing of the artery. This leads to the death of nerve cells and disruption of various body functions. Ischemic stroke can cause severe consequences such as paralysis, speech disorders, memory and thinking disorders, depression and even death. According to the World Health Organization, ischemic stroke is the second cause of death and the first cause of disability in the world. Repeated stroke develops during the first year in 35% of patients and significantly more often leads to disability and death. The combination of cognitive and neurological disorders hinders the social adaptation of patients, increases the risk of their dependence on the help of outsiders.

The purpose of the study. To compare the degree of impairment and the dynamics of recovery of cognitive and neurological functions in patients with primary ischemic stroke in the vertebral-basilar basin and patients with ischemic stroke in the vertebral-basilar basin with a history of acute cerebral circulatory disorders.

Materials and methods: 52 patients aged 39 to 87 years were examined in the acute (1 day) and acute (10 day) periods of ischemic stroke in the vertebral-basilar basin, of which 23 patients suffered a primary ischemic stroke, and 29 patients had a history of acute cerebral circulatory disorders. Neurological functions were studied using the NIHSS scale, computed tomography data and other laboratory and instrumental methods. Cognitive impairments were detected using the Short Mental Status Assessment Scale (MMSE) and the Montreal cognitive function assessment scales (MOCA test). When comparing groups of patients, the nonparametric Mann-Whitney U-test criterion was used.

The differences were considered significant with a significance of $p < 0.05$. The results are presented in the form of arithmetic mean and standard deviation ($M \pm s$)

Results: The average age of patients who had the first ischemic stroke was 60.87 ± 11.81 years, and patients with repeated ischemic stroke $m - 61.62 \pm 11.59$ years. When analyzing the data, reliable results were obtained ($p < 0.01$) that in the acute period, patients with recurrent ischemic stroke had more pronounced cognitive impairments and lower dynamics of their recovery than patients who had an ischemic stroke for the first time. Also, patients with recurrent ischemic stroke had a more pronounced neurological deficit on both day 1 and day 10, than patients who have had an ischemic stroke for the first time.

Conclusions: Patients with recurrent ischemic stroke have more pronounced cognitive and neurological disorders than patients who have had an ischemic stroke for the first time. In addition, in patients with recurrent stroke, the dynamics of cognitive and neurological function recovery is lower than in patients with primary stroke.

Rehabilitation of patients who have suffered an ischemic stroke

Rehabilitation measures should begin as soon as possible after the transferred IS. As consciousness is restored and vital functions are stabilized, passive movements should be started, followed by active exercises and other types of non-drug treatment. The timely start of rehabilitation measures can reduce the risk of developing a number of serious complications: the formation of pressure sores, the

formation of contractures, the development of pneumonia, venous thrombosis followed by pulmonary embolism. Rehabilitation measures should be continued for a long period.

Initially, it is advisable to assess the probability of restoration of impaired functions — the so-called rehabilitation potential.

Kinesiotherapy, which solves the problems of modeling the physiological hierarchical

control of motor functions, and ergotherapy, aimed at restoring the skills of everyday practice, are widely used. Speech therapy classes, correction of other higher mental functions, psychological correction are of great importance. It is desirable to use the functionality of the patient to achieve a sufficient level of independence from others in everyday life, to teach the patient the skills of self-performance of hygienic measures, the use of orthopedic and other devices that increase the level of self-service.

The effectiveness of multidisciplinary rehabilitation programs involving neurologists, rehabilitologists, specialists in therapeutic gymnastics has been proven, kinesiotherapists, physiotherapists, massage therapists, psychologists[. The objectives of such programs are to restore impaired functions, increase the degree of independence of the patient from others in everyday life. It is important to form a patient's commitment to carrying out therapeutic and restorative measures and a positive emotional background, to involve him in the therapeutic process.

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