

пой пациентов со значительно-выраженными когнитивными нарушениями.

Литературы.

1. Васильев И.А., Ступак В.В., Черных В.А., Половников Е.В., Черных Е.Р., Шевела Е.Я., Дергилев А.П. Патогенетические аспекты нарушения венозного кровообращения головного мозга. Международный журнал прикладных и фунда-

ментальных исследований. -2014.-С.23-26.

2. Боголепова А.Н. Когнитивные нарушения у больных с цереброваскулярной патологией // Лечение нервных болезней. — 2011. — № 3(8). — С. 16–21.

3. Jason D. Yeatman, Brian A. Wandell, Aviv A. Mezer. Lifespan maturation and degeneration of human brain white matter. // Nature Communications, 2014. –Vol.5. –P.49-32.

UDC: 616.831-005-056.4

SCREENING OF CEREBROVASCULAR DISEASES AND STROKE AMONG DOCTORS ON THE EVALUATION OF RISK FACTORS OF THEIR DEVELOPMENT

¹Sharipov F.R., ²Majidova Y.N., ¹Yusupaliyev B.K., ²Nasirova I.R., ³Turaboev O.O., ²Mukhammadsolikh Sh.B. ¹Ministry of health of the Republic of Uzbekistan, ²Tashkent Pediatric Medical Institute, ³Kitab District Medical Association **Key words:** CVD, stroke, risk factors, screening.

СКРИНИНГ ЦЕРЕБРОВАСКУЛЯРНЫХ ЗАБОЛЕВАНИЙ И ИНСУЛЬТА СРЕДИ ВРАЧЕЙ ПО ДАННЫМ ОЦЕНКИ ФАКТОРОВ РИСКА ИХ РАЗВИТИЯ

Шарипов Ф.Р., Маджидова Ё.Н., Юсупалиев Б.К., Насырова И.Р., Турабоев О.О., Мухаммадсолих Ш.Б.

Ключевые слова: ЦВЗ, инсульт, факторы риска, скрининг. Ш.Б.

Представлены результаты проведенного скрининга по изучению факторов риска развития цереброваскулярных заболеваний и инсульта. При выявлении степени риска развития использовали специальный опросник в которую входили амбулаторная шкала Федина, тест Мини КОГ, а также учитывались показатели холестерина и сахара в крови, артериальное давление, индекс массы тела, и аускультация сонной артерии. Низкий риск развития ЦВЗ и инсульта выявлен у 45 %, средний - у 33%, высокий - у 22 % обследованных.

ШИФОКОРЛАР ОРАСИДА ЦЕРЕБРОВАСКУЛЯР КАСАЛЛИКЛАР ВА ИНСУЛЬТГА ОЛИБ КЕЛУВЧИ ХАВФ ОМИЛЛАРИ РИВОЖЛАНИШИНИ БАҲОЛАШ СКРИНИНГИ

Шарипов Ф.Р., Маджидова Ё.Н., Юсупалиев Б.К., Насырова И.Р., Турабоев О.О., Мухаммадсолих Ш.Б.

Калит сўзлар: ЦВК, инсульт, хавф омиллари, скрининг.

Цереброваскуляр касалликлар ва инсульт учун хавф омиллар бўйича скрининг ўтказиш натижалари тақдим этилади. Ривожланиш хавфи даражасини аниқлашда Фединнинг амбулатор шкаласи, Мини-КОГ тести, шунингдек холестерин ва қондаги қанд миқдори, қон босими, тана массаси индекси ва каротид артерия аускультацияси кўрсаткичлари киритилган махсус сўровнома ишлатилган. ЦВК ва инсульт паст хавф 45 %, 33% ўртача хавф даражаси аниқланиб, шифокорларнинг 22%да юқори хавф топилди.

Cerebrovascular diseases (CVDs) are the most important medical and social problem of modern neurology, as they provide the highest rates of morbidity, mortality and disability in almost all countries of the world. According to the conducted research, about 5 million people die every year from cerebrovascular diseases [4].

In Uzbekistan, more than 60 thousand cases of stroke (acute cerebrovascular accident) are registered annually. At the same time, disability after a stroke is 83.8%, and the percentage of hospital fatality is 17.3%.

The modern concept of risk factors for disease development includes a combination of various biochemical, clinical, behavioral and other properties that are characteristic of a particular person or a particular population. In addition, risk factors also include external influences-indicators indicating an increased risk of developing specific pathologies [1-3].

The etiology of CVD is extremely complex and involves a complex interaction between numerous factors. According to who, there are more than 300 risk factors associated with stroke, which are grouped into four categories:

- the main modifiable risk factors (high blood pressure, atherosclerosis, Smoking, physical inactivity, obesity, unhealthy diet, diabetes);
- other modifiable factors (social status, mental disorders, emotional stress, alcohol abuse, certain medications);
- * unmodified risk factors (age, heredity, nationality, gender);
- “new” risk factors (hyperhomocysteinemia, inflammation, abnormal blood clotting).

A characteristic feature today is a significant “rejuvenation” of arterial hypertension (AH) and atherosclerosis. The manifestation of atherosclerotic diseases has become common even at the age of 30-40 years [5]. The state of chronic psychoemotional stress characteristic of significant categories of the population has

no less pathogenetic significance, which, in combination with eating disorders and a disorderly lifestyle, as well as adverse environmental factors, leads to the early development of changes typical of brain aging (weakening of protein biosynthesis in brain neurons, violation of cell membrane permeability, destabilization of neurotransmitter systems, etc.) [6]. It is difficult to overestimate the importance of identifying and correcting modifiable risk factors. Information about unmodified factors is also extremely important, since it allows identifying individuals with an increased probability of cerebrovascular diseases in the population and directing efforts to their active prevention.

Purpose of research. Study of risk factors for CVD and stroke among doctors using screening.

Research material and methods. A single-stage epidemiological study was Conducted-a continuous screening among doctors (men and women aged 40-80 years). As a result of screening, a cohort of 52 people was formed, including 16 men (31%) and 36 women (69%). By age decade (40-49, 50-59, 60-69, 70-79, 80 men and women surveyed were distributed relatively evenly (table 1). The identification of FR was carried out in the course of screening populations with the use of a special questionnaire. During the examination, in addition to General clinical and neurological methods for assessing the condition of patients, the outpatient scale of A. I. Fedin CHEMICAL was used. The outpatient scale of the A. I. Fedin CHEMICAL Institute (2016) is divided into subscales: “General cerebral and asthenic syndromes”, “cranial nerves”, “motor system (in the absence of limb paresis)”, “speech and other cognitive functions”, “affective disorders”, which allows us to evaluate each of these syndromes in points and conduct a General assessment of the severity of neurological disorders.

The Mini-COG test (a screening questionnaire for determining cognitive impairment) was used for screening

assessment of the level of cognitive functions. It consists of memorizing 3 items and a clock drawing test. If you score less than 3 points, this is a reason to assume dementia. However, many patients with clinically significant cognitive disorders score more than two points. Therefore, for greater sensitivity of the test, it is recommended to consider a result of less than 4 points as evidence of the need for a deeper examination [7].

Statistical data analysis was performed using the STATISTICA 8.0 software. data were Analyzed in the General cohort (from 29-80 years old) and in groups divided by age (40-49, 50-59, 60-69, 70-79, 80 and older) and gender. Arithmetic mean and standard square deviations were used to describe the age of the population and the number of risk factors in the groups. The differences were considered significant at $p < 0.05$.

Results and discussion. The average age of the subjects was 50.5 ± 8.9 years. Thus, this population sample was mainly represented by working people.

Table 1. Distribution of patients according to sex and age.

Age, years	All patients (%)	Men(%)	Women (%)
40-49 years old	20 (38,5)	7 (13,5)	13 (25)
50-59 years old	25 (48,1)	8 (15,4)	17 (32,7)
60-69 years old	3 (5,8)	1 (2)	2 (3,8)
70-79 years old	3 (5,8)	-	3 (5,8)
Over 80 years old	1 (2)	-	1 (2)
Total	52 (100)	16 (31)	36 (69)

Screening provides, based on the results obtained, the determination of the risk of developing CVD (table 2).

Table 2. Determination of the risk of developing CVD.

Examination method	Low	Average	Tall
1 Study of patients' complaints on the outpatient scale Fedina A. I.	Less than 10 points (mild symptoms)	10-20 points. (Moderately-severe symptoms).	More than 20 points. (Pronounced symptoms.)
2 Study of cognitive functions on the Mini COG test	3 points (1 point) Norm.	2 points (2 points) Moderate cognitive decline.	0-1 point (3 points) Marked cognitive decline.
3 Auscultation of the carotid artery in the area of its bifurcation on the neck.	1 point Ripple reduction is insignificant	2 points A moderate decrease in the ripple	3 points Marked decrease in pulsation
4 Determination of cholesterol in the blood by Express method.	5.2-5.5 (1 point)	5.5-7 (2 point)	Above 7 (3 point)
5 Determination of blood sugar by Express method.	5-6 (1 point)	6-7 (2 point)	Above 7 (3 point)
6 Blood pressure measurement.	130-140 (1 point)	140-160 (2 point)	160 and higher (3 point)
7 Measurement of body mass index. (BMI)	25-29 (1 point)	30-35 (2 point)	35-40 (3 point)
8 The elimination of the risk of developing Cerebrovascular diseases.	16 point	22-32 point	38 point

1. Low risk assessment criteria.

1. The presence of mild symptoms of cerebral complaints on the outpatient Fedin scale. 2. Weakly expressed (or their absence) cognitive functions according to the Mini-COG test. 3. Slight pulsation of the carotid artery. 4. Slightly elevated cholesterol levels in the blood. 5. Slightly elevated blood sugar. 6. Slight increase in blood pressure. 7. Slight change in body weight.

2. Criteria for assessing the average risk.

1. The presence of moderate symptoms of cerebral complaints according to the outpatient Fedin scale. 2. Moderate cognitive function according to the Mini-COG test. 3. Moderate decrease in carotid artery pulsation. 4. Moderately elevated cholesterol levels in the blood. 5. Moderately elevated blood sugar. 6. Moderate increase in blood pressure. 7. Moderate change in body weight.

3. High risk criteria.

1. The presence of severe symptoms of cerebral complaints according to the outpatient Fedin scale. 2. Expressed cognitive functions on the Mini-COG test. 3. Marked decrease in carotid artery pulsation. 4. High cholesterol in the blood. 5. Increased blood sugar. 6. Marked increase in blood pressure. 7. Marked

change in body weight.

The results of the risk factor assessment, taking into account gender differences, are shown in table 3.

Table 3. Assessment of risk factors for CVD among doctors.

	Evaluation criterion	All patients	Male	Female
1	Study of patients' complaints on the outpatient scale Fedina A. I.	7,8 \pm 5,6	6,6 \pm 4,8	8,2 \pm 5,9
2	Study of cognitive functions on the Mini COG test	1,6 \pm 0,7	1,6 \pm 0,6	1,6 \pm 0,7
3	Auscultation of the carotid artery in the area of its bifurcation on the neck.	1,1 \pm 0,9	1,2 \pm 1	1,1 \pm 0,8
4	Determination of cholesterol in the blood by Express method.	1,4 \pm 0,7	1,2 \pm 0,7	1,5 \pm 0,7
5	Determination of blood sugar by Express method.	1,4 \pm 0,8	2 \pm 0,9	1,2 \pm 0,6
6	Blood pressure measurement.	1,1 \pm 0,7	1,1 \pm 0,7	1,1 \pm 0,7
7	Measurement of body mass index. (BMI)	1,3 \pm 0,6	1,4 \pm 0,7	1,2 \pm 0,5

From the data shown in table 3, it can be seen that changes in indicators of the outpatient Fedin scale differed significantly among men and women. Among men, this indicator was equal to 6.6 ± 4.8 , and among women 8.2 ± 5.9 . the Average score for the Mini COG test among men was 1.2 ± 1 , and among women it was 1.6 ± 0.7 points. Auscultation of the carotid artery in the area of its bifurcation on the neck among men was 1.2 ± 1 points, among women 1.1 ± 0.8 points. Blood cholesterol in both gender groups was 5.5 ± 0.9 which was 1.4 ± 0.7 points. Blood sugar in men and women averaged 5.6 ± 1 which was 1.4 ± 0.8 points. According to the results of blood pressure measurement in men and women, it was 1.1 ± 0.7 points. The BMI index for men was 1.4 ± 0.7 points, and for women 1.2 ± 0.5 points.

It should be noted that the screening conducted among doctors showed that the risk of cerebrovascular diseases is high among doctors, that is, the part of the population that belongs to a healthy contingent. The results of screening among doctors were as follows: low risk in 45% of those present, average - in 33%, high-in 22 % of those examined.

Thus, people with a high risk of CVD will be sent for further examination: ultrasound dopplerography, Echocardiography, a consultation with a vascular surgeon, an angioneurologist, with an assessment of the possibility of performing surgery.

Conclusions. Thus, despite the active work of medical and social services, the problem of cerebrovascular diseases remains relevant both in our country and abroad. The working-age population aged 39-59 years had a wide prevalence of risk factors for cardiovascular and cerebrovascular diseases. Among men and women, differences in the values on the HIM Fedin scale were statistically significant. The dynamics of cognitive tests did not reveal any significant differences between these groups ($p > 0.05$).

It should be noted that the screening conducted among doctors showed that a low risk was detected in 45% of those present, an average risk - in 33%, and a high risk - in 22% of those examined. The data obtained indicate the need to continue constant active information and educational work among the entire population and improve the system of identification and medical monitoring of persons with risk factors. At the same time, special attention should be paid to the category of middle working age, in which the first significant jump in the increase in the prevalence of risk factors for CVD occurs when passing the 50-year mark. To solve these tasks, the use of a special questionnaire is optimal, since it has a number of undoubted advantages in comparison with other modern scales.

Literature.

1. Vibers, D. O. Stroke: klinich. guide / D. O. Vibers, V. L. Feigin, R. D. brown; TRANS. with English and ed. V. L. Feigin, 2nd ed., ISPR. and add. -SPb.: Dialect, 2005. -607 p.
2. Suslina, Z. A. Vascular diseases of the brain. Epidemiology. Foundation for the prevention / Z. A. Suslina, Y. Y. Varakin, N. In. Vereschagin. -M: HONEY press-inform, 2009. -254 C.
3. Risk factors for the development of cerebrovascular

diseases according to the screening of the middle-aged population of Ulyanovsk/ V. V. Mashin I [I 101dr.] // Annals of clinical and experimental neurology. -2014. - No1(vol. 8) - P. 4-9.

4. Dolgova I. N., Kopenko T. A., Matevosyan M. A. risk Factors for cerebrovascular diseases depending on gender // International student scientific Bulletin, 2016, no. 4-1.;

5. Meseguer E, Lavallee PC, Mazighi M, et al. Yield of systematic transcranial Doppler in patients with transient

ischemic attack. Ann Neurol 2010;68:9–17.

6. Derdeyn CP. Mechanisms of ischemic stroke secondary to large artery atherosclerotic disease. Neuroimaging Clin N Am 2007; 17:303–11.

7. Zakharov V. V. Cognitive disorders in neurological practice. Difficult patient. 2005;3(5):4–9. [Zakharov VV. Cognitive disorders in neurological practice. Trudny patsient = Difficult Patient. 2005;3(5):4–9 (In Russ.)]

УДК 616.833.15-009.7:616-073

КЛИНИКО-ГЕМОДИНАМИЧЕСКИЕ ОСОБЕННОСТИ НЕВРОПАТИИ ТРОЙНИЧНОГО НЕРВА

Иноятлова С.О., Маджидова Ё.Н., Мухаммадсолих Ш.Б.

Консультативная поликлиника при многопрофильной Клинике Ташкентской медицинской академии
Ташкентский педиатрический медицинский институт

Ключевые слова: невропатия тройничного нерва, церебральная гемодинамика, ультразвуковая доплерография, стеноз сонных артерий

УЧ ШОХЛИ НЕРВ НЕВРОПАТИЯСИ КЛИНИК ВА ГЕМОДИНАМИК ХУСУСИЯТЛАРИ

Иноятлова С.О., Маджидова Ё.Н., Мухаммадсолих Ш.Б.

Калит сузлар: уч шохли нерв невропатияси, церебрал гемодинамика, ультратовуш доплерография, уйку артерия стенози.

Уч шохли нерв невропатияси купинча ёши катталарда учрайди. 43% холатда огрик уч шохли нервни иккинчи ва учинчи шох иннервация чегарасида жойлашган, 22% холатда иккинчи шох иннервация чегарасида жойлашган. Стеноз мавжудлиги ва йуклиги караб хама беморлар икки гуруҳга ажратилган. Ушбу мақолада ультратовуш доплерография асосида церебрал гемодинамика хусусиятлари батафсил келтирилган.

CLINICAL AND HEMODYNAMIC FEATURES OF TRIGEMINAL NEUROPATHY

Inoyatova S.O., Madjidova Y.N., Mukhammadsolikh Sh.B.

Key words: trigeminal neuropathy, cerebral hemodynamics, ultrasound dopplerography, stenosis of the carotid arteries

Trigeminal neuropathy is more common in the elderly. In 43% of cases, the pain is localized in the innervation zone of the second and third branch of the trigeminal nerve, in 22% of cases the innervation zone of the second branch is involved. Depending on the presence or absence of stenosis, all patients were divided into 2 groups. The article details the features of cerebral hemodynamics in trigeminal neuropathy.

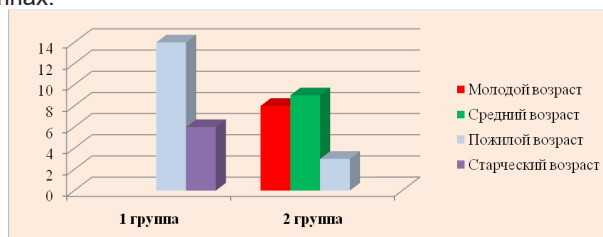
Распространенность невропатии тройничного нерва (НТН) достаточно велика и составляет до 30-50 больных на 100 000 населения, а заболеваемость по данным ВОЗ находится в пределах 2-4 человек на 100 000 населения. Заболевание чаще возникает после 40 лет и преобладает у женщин [1-3]. Предполагается, что причиной невропатии тройничного нерва могут быть недостаточность кровоснабжения тройничного узла, чрезвычайно чувствительного к ишемии, или вовлечение в патологический сосудистый процесс стволных или корково-подкорковых образований системы тройничного нерва. Существенное значение для нормального функционирования тройничного нерва имеет состояние вегетативной иннервации сосудистого русла, принимающего участие в кровоснабжении тройничного нерва и органические изменения сосудистых стенок. С возрастом происходят склеротические изменения мелких артерий и деформация капилляров, в которых снижается скорость кровотока, расширяются и деформируются вены. Сосуды переполняются кровью. Формируются выраженные застойные явления во внутриневральных сосудах. Факторами нарушения кровоснабжения нервных стволов многие авторы объясняют увеличение частоты НТН у лиц пожилого возраста. Также возникновение заболевания преимущественно у пожилых людей, возможно, связано с тем, что к 65 годам возрастная дегенерация этого вида волокон составляет около 30 %. Поскольку одним из признанных ведущих этиологических признаков невропатии тройничного нерва является нарушение мозгового кровообращения, приводящее к нарушению кровоснабжения нервных стволов, исследование церебральной гемодинамики у больных с НТН представляет научный и практический интерес.

Цель исследования. Изучить клинко-гемодинамические особенности невропатии тройничного нерва.

Материалы и методы исследования. Нами проанализированы результаты наблюдений 40 пациентов с невропатией тройничного нерва. Анализ распределения пациентов по возрастам показал, что среди пациентов преобладали

женщины - 24 (60%), мужчин было 16 (40%), что в 1,5 раза больше, чем мужчин. Большинство пациентов 28 (70%) составили старшего среднего и пожилого возраста (средний возраст 50±19 лет). Для наглядности приводим рис. 1, на котором отражено распределение пациентов по возрасту в обеих группах.

Рис. 1. Распределение пациентов по возрасту в обеих группах.



По частоте поражения ветвей тройничного нерва пациенты распределены следующим образом. У 19 (47%) пациентов отмечалась НТН справа, у 21 (53%) больных - слева. У исследуемых пациентов чаще поражалась вторая + третья ветви (43%), вторая (22%) и третья ветвь (20%) и, как отмечалось выше, в большинстве случаев отмечалась левосторонняя невропатия. Нами для удобства анализа пациенты с невропатией тройничного нерва распределены на группы по расположению пораженных ветвей (рис. 2).

Рис. 2. Частота поражения ветвей тройничного нерва.

