

were conducted standard cardiovascular tests (ITC) for the detection of cardiovascular form of diabetic autonomic neuropathy (DAN), as a result of which all patients were divided into groups depending on the availability of DAN DAN+, and DAN-. When the patients in the study they conducted a survey, ECG study of heart rate variability and dispersion of duration of electrical ventricular systole.

**Results of the study.** The group identified by DAN+ 30 people and DAN- 20 people are distributed in this group. In patients with diabetes DAN long duration and the state of carbohydrate metabolism it was significantly worse than that of patients without DAN. Only the level of glycated hemoglobin was similar in both groups of patients. DAN diabetic patients associated with a significant decrease in heart rate variability ( $p <0,01$ ) and longer ( $p <0,001$ ) and the dispersion of the interval QT ( $p <0,001$ ). Labile for hypertension is characteristic of patients with DAN,in which greater scope is marked fluctuations in blood pressure during the day and a decline in the average values of blood pressure day / night. There breach of circadian blood pressure profile - mainly in the form of its insufficient decline at night (non-dipper) and pronounced rise in blood pressure at night compared to daytime (night-picker). The absence of blood pressure lowering at night is a clinically significant disorder as they are associated with the development of left ventricular hypertrophy and increases the risk of cardiovascular complications. Increased systolic blood pressure to 10 mm Hg at night is associated with increased cardiovascular risk by 31%. The reason for increase in blood pressure at night is considered to be an imbalance of sympathetic and parasympathetic activity, consisting in the relative predominance of sympathetic innervation of the night. Surveyed patients out of 30 patients had 3 (10%), dipper and 10 (33.3%) non - dipper,17 patients 56.7% night-picker on the systolic blood pressure. In patients with DAN was daily SBP  $143 \pm 8,7$  mm Hg , nightly SBP is  $136,8 \pm 8,3$  mm Hg. Average daily DBP is  $90,3 \pm 5,5$  mm Hg and nightly DBP is  $81,7 \pm 5,0$  mm Hg. Systolic blood pressure of 30 patients showed type 2 diabetes in 10 patients (33.3%), 8 (26.7%) and 12 (40%) patients night- picker.

**Conclusion.** The patients with diabetes type 2 was found in 60% of diabetic cardiovascular autonomic neuropathy form of cardiovascular tests.In patients with type 2 diabetes with DAN hypertension was observed in 30% of the type of non-dipper, from 48.4% night - picker.The course of hypertension with type night-picker increases the development of cardiovascular complications in patients with type 2 diabetes with cardiovascular form of diabetic autonomic neuropathy.

## EVALUATION OF HIGHER CORTICAL FUNCTIONS OF ALZHEIMER'S DISEASE

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**Purpose.** Evaluate the effectiveness of diagnostic disorders of higher cortical functions in patients with Alzheimer's disease using scales GDR (Global Deterioration Rating) and MMSE (Mini Mental Scale Examination).

**Material and methods.** Study involved 52 patients (32 men and 20 women) aged 65 to 77 years (mean age  $70,8 \pm 3,3$  years) divided into 2 groups: group 1 (basic group) - Alzheimer's disease 45 patients, group 2 (comparison group) - 27 patients with chronic cerebral ischemia (II- IIIst.) with mild cognitive impairment. GDR and MMSE were used for assessing the severity of cognitive impairment.

**Results.** These neuropsychological studies indicate the results of cognitive functions: in group I - GDR  $5,0 \pm 0,5$  scores, MMSE  $21,8 \pm 4,05$  scores. In group II - GDR  $2,0 \pm 0,5$  scores, MMSE  $27,0 \pm 0,5$  scores. Senile dementia develops in commonly characterized by a relatively sparse confabulation products. Confabulation shifted to a more or less distant past ideas about the environmental situation and the self (amnestic confabulation). At the stage of mild dementia clearly identified the most features of amnestic aphasia, amnestic disorder component of praxis, and in some cases, signs of constructive dyspraxia. There is a long preservation of motor component of praxis.

**Conclusions.** The total scores on the MMSE and the GDR is a sensitive indicator of cognitive deficits and higher cortical functions of mild to moderate Alzheimer's disease before, is effective in determining therapeutic approaches and tactics of early prevention in patients with Alzheimer's disease.

## REHABILITATION OF PATIENTS WITH VERTEBRAL AND SPINAL CORD INJURY BY ROBOTIC SYSTEMS "ERIGO"

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**Research objective:** development of a technique of application of robotic system "Erigo" for rehabilitation of patients in the first months after a spinal cord injury.

**Research task:** studying the efficiency of training sessions with application of the robotic complex «Erigo» to patients with consequences of a spinal cord injury to restore motion activity; investigation of the mechanisms of a medical effect of biomechanical exposure of the complex; the analysis of late results of robotic mechano-therapy application.

**Object of research:** patients with a vertebral and spinal cord injury in the intermediate period.

**Materials and methods:** The research was conducted at the unit of neuro-rehabilitation of the clinics of the Tashkent Medical Academy. The patients (15 people) with a spinal injury, average age 34.6 took part in the rehabilitation program. In the given work the efficiency of complex technology neuro-rehabilitation is studied. The technique of physical rehabilitation with robotic system "Erigo" used for patients in the intermediate period of a vertebral and spinal cord injury has been developed and evaluated.

**Results:** The significant increase in the muscular force in the lower extremities of patients of group 1 by 1.0-1.5 points in comparison with those of group 2 was noted. The muscular tone has decreased by 0.8-1.2 points in the basic group compared to the control group. The changes in the rank in subgroups without complete impairment of conductivity were registered using the ASIA scale. Reliable improvement of indicators by 24 % in the subgroup of patients receiving training on «Erigo», while in the control subgroup, it was only by 12 %. In the subgroups with complete impairment of conductivity, no changes in sensitivity occurred. The early terms of transfer of the patient in vertical position with no orthostatic responses in comparison with application of the standard methods of rehabilitation have been established for the first time. In the basic group, the indicator has decreased from 66 % to 4 %; in the control group, from 62 % to 36 %. The patients of group 1 (66%) have been adapted to the vertical position by 4-9 training session, while in group 2 (36 %) of the patients, 18 training sessions were not enough to transfer the patients in vertical position, the others have succeeded by day 15-18. The results of mobility and locomotion

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