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**"FORMATION OF PSYCHOLOGY
AND PEDAGOGY AS
INTERDISCIPLINARY SCIENCES"**

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**“FORMATION OF PSYCHOLOGY AND PEDAGOGY AS
INTERDISCIPLINARY SCIENCES”**

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**PROBLEMS OF OPTIMIZATION OF DIAGNOSIS OF CEREBRAL CIRCULATION
DISORDERS AND COGNITIVE DYSFUNCTION.**

Abstract. *Quantitative and qualitative characteristics of cognitive impairment are extremely important in the diagnostic work of neurologists, therapists and doctors of other specialties. As is known, at least 90% of the area of the cerebral cortex is occupied by the so-called secondary and tertiary cortical fields, the primary function of which is to ensure the cognitive process.*

Keywords. cerebrovascular disease, chronic obstructive pulmonary disease, clinical practice, cognitive impairment.

Violation of higher brain functions is one of the most frequent and disadaptive complications of cerebrovascular diseases. Cognitive impairments, especially pronounced ones, can lead to significant restrictions in work, social life, and self-care of patients. In all cases, the quality of life is significantly reduced not only by the patients themselves, but also by their closest relatives. Patients with cognitive impairment are not able to fully comply with the doctor's recommendations for the treatment of the underlying vascular disease that led to brain damage. For those who have had a stroke, the effectiveness of rehabilitation measures is reduced. That is why cognitive impairments in cerebrovascular diseases are always associated with a less favorable prognosis. The material costs of the family increase significantly. This is due to the need to care for the patient.

The study of the myocirculatory system of the brain began with W. Harvey and A. van Leeuwenhoek in 1628 and 1674. respectively [1]. At that time, the notion of supplying the brain substance with “terminal arteries” [2] dominated, and the quantitative assessment of cerebral myocirculation was limited by the lack of appropriate MICROSCOPY techniques [1]. The results of the study of only VELOCITY indicators of the BLOOD flow in the vessels of the brain led to the conclusion about the constant circulation of BLOOD [3]. The term "autoregulation" in relation to cerebral blood flow was proposed by N. A. Lassen in 1959 [4]. The history of the study of autoregulation of cerebral blood flow began with its denial in accordance with Monro-Kellie's statement, the essence of which is that the total volume of intracerebral blood, cerebrospinal fluid and intracranial blood is constant, and a decrease in one of them leads to an increase in the other two [5]. Despite this, AI Ostroumov in 1876 described the reaction of the muscular membrane of the arteries to an increase in intravascular pressure [6]. Starling's classical theory [7] formed the basis of the capillary blood flow hypothesis, according to which between the volume of fluid filtered at the arterial end of the capillary and the volume of fluid reabsorbed at the venous end (and removed by the lymphatic vessels), there is normally a dynamic equilibrium. The concept of peripheral vascular resistance H. D. Green served as evidence of the need to quantify the tone of peripheral vessels. These studies formed the basis of a model according to which blood flow is regulated by the caliber of arterioles, the volume of blood flow in organs is determined by venules and veins, and the distribution of blood flow in capillaries occurs in accordance with the metabolic needs of the brain [1]. The initial integrative assessment of the mental status of our patients was carried out using the generally accepted MMSE scale.



(Mini Mental State Examination), which was assessed according to the generally accepted method, according to which, in the absence of cognitive impairments, the score is 28 and higher.

The disease itself, multiplied by forced quarantines to combat COVID-19, national restrictions, can cause anxiety, depressive, obsessive-compulsive, phobic disorders, pathological hoarding, reactive psychoses, and post-traumatic stress disorder (PTSD) in the long term. In the pathogenesis of mental disorders, the main role is played by "infodemia", which spreads through various platforms of social networks. There are also widespread reports of outbreaks of racism, stigmatization and xenophobia against certain communities. However, frontline healthcare workers are at higher risk of contracting the disease and also experience adverse psychological effects in the form of burnout, anxiety, fear of transmission, feelings of incompatibility, depression, increased substance dependence and post-traumatic stress disorder. ...

The psychosocial aspects of the behavior of older people and their carers, mentally ill and marginalized communities are affected in different ways by this pandemic and require special attention [2].

In patients with coronavirus infection, as well as other infectious diseases, a wide range of somatogenic mental disorders of both neurotic and psychotic levels can be observed.

Signs of the appearance of somatically caused mental disorders were previously identified:

- the presence of a somatic disease;
- the relationship in time between the appearance of somatic and mental disorders;
- parallelism of the course of mental and somatic disorders;
- possible, but not necessary, the appearance of organic symptoms.

The likelihood of somatogenic disorders in coronavirus infection depends on the nature of the course of the disease, the severity, stage of the course, the level of effectiveness of therapeutic effects, as well as on properties such as heredity, constitution, premorbid personality, age, sex, body reactivity, and the presence of previous hazards.

In experiments on animals, data were obtained on changes in the rate of blood flow in the vessels of the brain during manipulations on the cervical sympathetic nerve. H. S. Forbes (1938) and other authors established the role of blood pressure, osmotic pressure, choline-like substances, adrenaline and CO₂ levels [2]. Studies of brain microcirculation were carried out by introducing coloring agents into the carotid arteries of animals with an assessment of the time of their appearance in the retina [8]. Further studies in vivo required microscopic technology, which was first used on the brain by H. Florey and described by M. Fog [9]. Assessment of the state of the vessel diameter was carried out by photometric scanning [1]. The first experimental data on the nature of the blood flow in the superficial vessels of the brain were obtained using the "transparent skull" technique [6]. The microelectrode technique for measuring local cerebral blood flow [10], as well as the electroplethysmographic method, the thermoelectric method, and techniques with intravascular tensor resistor sensors, were widely used. Registration of blood filling of cerebral vessels based on impedance has been developed in the form of rheoencephalography and rheoplethysmography [1].

In the forties of the last century, S. S. Kety and C. F. Schmidt presented a method for quantitatively determining the rate of cerebral blood flow [2] using blood gases as indicators. Subsequently, the methods became widespread in various modifications and served as an impetus for the development of methods based on the saturation of the brain tissue with diffusing indicators [13]. The Kety-Schmidt method subsequently became the reference method for measuring cerebral blood flow [1]. The method for assessing blood flow velocity according to the Kety-Schmidt principle with a diffusing radioactive indicator krypton was introduced by V. M. Lewis [5].



J. R. Rees (1970) established the difference in blood flow velocity in the gray and white matter [16]. H. I. Glass and A. M. Harper developed a technique for measuring xenon clearance [2]. Non-invasive techniques based on the inhalation of radioactive inert gases have become widespread in the study of cerebral blood flow [1].

Somatogenic mental disorders develop as a result of the direct influence of COVID-19 on the activity of the central nervous system and manifest themselves mainly in the form of neurosis-like symptoms, however, in some cases, against the background of severe organic pathology, psychotic conditions may develop, as well as significant violations of higher mental functions up to dementia.

Thus, when performing the planned study, the features of the course of psychoemotional disorders in patients after suffering a new coronavirus infection will be identified. The severity of psychoemotional disorders in patients with coronavirus infection was determined, depending on the clinical and neurological status.

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