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THE OCCURRENCE OF ACUTE CEREBROVASCULAR DISEASES IN PATIENTS AFTER DIFFERENT NUTRITIONAL STATUS

Azizova Rano Bakhodirovna,
Negmatova Dilbar Siddikovna.
Tashkent Medical Academy
Samarkand State Medical University

Abstract. The wide prevalence of cerebral stroke, a significant incidence of its development, a high percentage of disability and mortality determine the high medical and social significance of this disease.

Key words: economically developed, cerebrovascular accident, dementia.

Modern approaches to the management of patients with acute cerebrovascular accident (ACV) provide for a wide range of therapeutic and surgical areas of therapy, including nutritional support (NS).

The basis of the vital need for early prescription of differentiated NP to seriously ill patients is the need not only to maintain and ensure optimal trophic homeostasis, which requires both proper substrate supply with all essential nutrients and appropriate correction of the existing trophic chain dysfunction, but also the need to minimize and stop their hypermetabolic hypercatabolism and autocannibalism as quickly as possible. Metabolic disorganization that occurs in the body as a result of a disease can significantly reduce the effectiveness of therapeutic and rehabilitation measures, and often, in the absence of appropriate correction of emerging metabolic disorders, generally lead to their complete neutralization with all the ensuing consequences. Some studies of recent years indicate violations of melatonin synthesis in patients with stroke, characterized by a decrease in its production at night, or a shift in the night phase of the synthesis of this hormone to daytime hours (the so-called circadian shift syndrome).

Dementia is a term that refers to impaired intelligence and memory in patients. Alzheimer's disease is considered to be the most common cause of dementia worldwide. Alzheimer's disease is a progressive neurodegenerative disease of the central nervous system with certain clinical and pathological manifestations. (3) Pathological features for Alzheimer's disease are multiple cognitive disorders. The clinical picture of Alzheimer's disease fits into the "5A" scheme: amnesia, aphasia, apraxia, agnosia, associated symptoms. Usually, the detection of Alzheimer's disease begins after 65 years. The number of patients is doubling every five years. Women are more likely to suffer from this disorder. The cause of dementia can be: vascular diseases of the brain, drug intoxication, alcohol disease, hypothyroidism, B-deficiency anemia, and others.

According to the results of these scientific studies, 60-70% of cases of dementia observed in 47.5 million people worldwide correspond to AD. Early diagnosis of AD includes taking into account risk factors for the development of the disease, determining clinical symptoms, assessing neurological status, laboratory tests, etc. (Shaw L.M. et al, 2009). In recent years, neurological, biochemical, and genetic biomarkers of AD have been actively identified for the purpose of early diagnosis of this disease. In particular, cerebrospinal fluid biomarkers related to the key mechanism of the pathological process have been identified (Hampel H. et al, 2008; Jack C. et al, 2008). Currently, the most diagnostic potential of 3 cerebrospinal fluid biomarkers has been confirmed: total tau protein, beta-amyloid isoforms, and various epiotypes of phosphorylated tau protein [EtgenT, SanderD, 2011.ForetteF, 2018].

Today it becomes obvious that, among other things, melatonin deficiency also causes the development of cerebral disorders due to deterioration of cerebral circulation due to atherosclerotic lesions of the cerebral vessels and dystrophic processes of the nervous tissue. At the same time, the physiological weakening of the secretory processes of the pineal gland, obviously, is responsible for both the formation of the pathology itself and the symptoms that arise on its basis.