FEATURES OF PRIMARY AND SECONDARY COGNITIVE FUNCTIONS CHARACTERISTIC OF DEMENTIA WITH DELIRIUM

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Abstract. *The accumulation of information about cognitive impairments in late age has led to their understanding as predictably unfavorable. The etiology of these diseases, the structure of cognitive impairment, their diversity in terms of a set of additional psychopathological symptoms explains the heterogeneity of their dynamics. Psychotic symptomatology is often one of the earliest manifestations of severe cognitive impairment, requiring study.*

Keywords: *cognitive impairment, late life, dementia, delirium, psychopathological symptom.*

Introduction. From the second half of the 20th century. all over the world, changes are observed in the age structure of the population, the proportion of older and older people in the population is constantly growing. Currently, old age is the strongest and most independent risk factor for disorders of high brain (cognitive) functions (CF). In addition to the increase in the number of elderly people in the community, the number of patients with cognitive impairment (kr) is increasing [1-4]. Advances in the study of the pathophysiology and neurochemistry of cognitive disorders, as well as new data from neurofarmacology, allow today to treat cognitive disorders as a partially curable condition. If the treatment of dementia has recently become almost impossible, now, thanks to impressive advances in the development of diagnostic methods, the study of pathogenesis and the creation of new drugs, cognitive impairment therapy, like other neuropsychiatric diseases, has become a daily clinical reality [5-9].

Dementia and non-demental cognitive disorders are leaders among brain disorders. According to European epidemiological studies, dementia is observed in 6-7% of people over the age of 65 and only Alzheimer's disease (AD) ranks II–III among neurological and mental disorders in terms of medical and social care costs. Non-Demental cognitive disorders are more common. Based on this, their medical and social significance is clear [10-14].

Assessing the severity of cognitive disorders is of great importance for nosological diagnosis, prognosis, and therapeutic tactics. Academician N. N. According to the classification proposed by Yaxno, severe, moderate and mild cognitive disorders are distinguished (fig.) [15-18]:

Such cognitive disorders that limit the patient's normal daily activities (work, hobbies, social contacts, lifestyle, self-service) are recognized as severe. The most common type of severe cognitive impairment is dementia.

Rare variants of severe cognitive disorders include delirium, depressive pseudodemension, as well as significant monofunctional disorders (i.e. isolated amnesia, aphasia, apraxia, or agnosia) [19-23].

Dementia (lat. de-loss, mentos-mind; Syn. - dementia) is a persistent disorder of KF as a result of organic brain disease of various etiologies, which manifests itself in two or more cognitive areas (memory, attention, speech, etc.) with disorders at the level of normal consciousness and arousal, leading to a violation of the patient's daily and/or social and professional adaptation. During the dementia stage, the patient loses all or part of his independence and independence, often needing outside help [24-28].

Dementia is polyethiological syndrome. There are about 100 different diseases that can be accompanied by dementia. However, in the list of causes of dementia in old age, unconditional leaders are Alzheimer's disease (AD), cerebrovascular diseases, mixed dementia (ad in combination with cerebrovascular diseases) and Lewy Body Dementia. These diseases account for 75-80% of dementia in old age [1-7]. The clinical picture of dementia depends on the disease underlying it. Differences are most noticeable during the mild to moderate dementia stage, while in severe dementia they can disappear due to the severity of the disorders and difficulties in patient contact, which does not allow a delicate qualitative analysis of existing diseases [29-34].

By definition, organic brain damage, which is the basis of dementia, is not necessarily fundamental, that is, not always associated with anatomical brain damage. Higher brain functions can also suffer from somatic pathology in systemic dysmetabolic diseases. Typically, in these cases, cognitive impairment is potentially reversed and may reverse with timely correction of systemic metabolism. According to epidemiological data, at least 5% of dementias are potentially reversible [35-38].

The basis for the clinical study of cognitive functions is the patient's complaints about forgetfulness, difficulties in concentration, decreased mental performance or increased fatigue during intellectual work. Sometimes cognitive complaints are closed. Thus, patients with cognitive disorders often report various inconveniences on the head ("the head looks like a cast iron", "hit Like a dust bag", "heavy head", "worn head", "not mine, another"), which interferes with concentration, work and performing routine tasks. In our view, such complaints should also be considered as the subjective equivalent of cognitive difficulties. A patient with severe cognitive disorders may not complain at all due to a decrease in criticism or anosognosia. In such cases, the source of information about cognitive decline is relatives of the patient or other close people [39-43].

The purpose of the study. To study the properties of cognitive functions in primary and secondary dementias with delirium.

Materials and research methods. This work provides the results of an unattended selective examination of 27 patients hospitalized at SOPB in 2022. The average age of those examined is 69,96±9 years, all examined women. 48% of cases were diagnosed with Alzheimer's type dementia and 51,8% were diagnosed with vascular dementia. Mild dementia is detected in 37,0% of cases, and 63,0% in moderate dementia. Clinically applied, clinical-psychopathological, psychometric, neuropsychological research methods. The research tool is a "standardized map of

a patient with delusional disorder" that includes demographic data, disease data, in addition to approved neuropsychological scales: "summary scale of mental state assessment" (MMSE), ADAS-Cog, Benton's visual memory test, WAIS coding techniques, "Neuropsychiatric questionnaire" (NPI).

Research results. In all those examined, the manifestation of psychotic symptomatology occurred at an adult age of 55-80 years. Various imaginary ideas were identified in the patients examined. Relationship ideas expressed by patients with mild dementia - 7 patients with Alzheimer's disease (mild dementia), 6 patients with vascular dementia, 3 patients with vascular dementia; stalking ideas-4 patients with Alzheimer's disease and 4 patients with vascular dementia (all patients with moderate dementia); jealousy delirium is one patient with easily identifiable vascular dementia; ideas of low damage were found in 2 patients with moderate Alzheimer's disease. The results of studies of cognitive functions with comparable severity of dementia found that Mnestic function and the Navy suffered more in Alzheimer's disease, with increased severity of Alzheimer's dementia following the end of the formation of the classical cognitive triad (aphato-apracto-agnostic symptom complex), accompanied by the addition of a "stigma" of subcortical injury. Central nervous system. Disorders of voluntary control and attention were often identified by vascular damage to the central nervous system. Different neuropsychological agents have been found to have different sensitivity in different nosological forms of dementing diseases. "WAIS coding", the affective domains of the NPI questionnaire, were more responsive to cognitive deficits of a vascular nature;" naming objects and fingers"," executing 5 commands", "identifying ideator Praxis" methods to atrophic dementia.

The therapeutic effect of nitzergoline was shown in patients with dementia of various etiologies. According to a Meta – analysis, 89% of patients reported an improvement in cognitive and behavioral functions, with significant differences after 2 months of treatment and a steady state or improvement after 12 months. A meta-analysis of 11 blind placebocontrolled studies by Cochrane Collaboration (Cochrane Collaboration) evaluated the dynamics of cognitive and behavioral symptoms in elderly patients with mild to moderate levels of dementia of various etiologies, treated with standard dose of nicergoline, the efficacy of the drug was shown after an average of 2 months of therapy.

In two blind randomized trials, 30 patients with mild to moderate dementia who lasted 6 months were treated with 60 mg of nitsergoline daily. When evaluating the results of such therapy using the Sandoz geriatric scale (SCAG), the effectiveness of nitzergoline was determined, the difference in indicators in the treatment process compared to the placebo group increased, and 5,5 points after 3 months and 9,8 points after 6 months.

Many studies have been conducted in patients with dementia, so it is necessary to clarify the prospects for using the drug at the stage of demental disorders of vascular Genesis. The pilot study involved 12 patients with signs of leukoareosis due to AG with no clinical signs of dementia and depression, who took 30 mg of nitsergoline 2 times a day for 6 months.
Neuropsychological test results showed that patients treated with nitzergoline showed significant differences or less pronounced impairment or improvement for tests reflecting memory, attention, and concentration.

It is important to note the good safety profile of the drug, which is of great importance in the treatment of patients with CVD. A meta-analysis of the safety of using nitzergoline included 29 studies, with 15 studies in CVD patients and 8 studies in dementia patients. In the group of

patients treated with nitzergoline, the level of development of serious adverse reactions was shown to be low compared to the placebo group.

Proven efficacy and good tolerance as part of complex combined therapy allow consideration of the possibility of widespread use of nitzergoline in the treatment of early stages of cognitive impairment in elderly patients with CVD.

Conclusions. An example of the study of Alzheimer's disease and vascular dementias found a variety of imaginary ideas expressed by patients with mild to moderate dementias with Alzheimer's disease and vascular dementias. Delusional symptoms in cognitive disorders do not prevent the formation of regular cognitive symptom complexes of primary and secondary dementia. The use of neuropsychological methods for assessing cognitive functions has shown their heterogeneous sensitivity in the Dementia of various etiologies.

Thus, early diagnosis of brain diseases (ideally before the development of clinically well-defined symptoms) during the stage of pulmonary or subjective cognitive disorders opens up more prospects for neuroprotective therapy. However, the main neuroprotective strategy may be the use of broad-spectrum drugs with long-term effects in cerebrovascular and neurodegenerative pathology.

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