CLINICAL, AFFECTIVE, PERSONAL CHANGES IN ELDERLY PATIENTS WITH DIFFERENT DYNAMICS OF COGNITIVE DEFICIENCY

Radjabov Hikmat Toshevich[1], Alkarov Rustam Baxtiyarovich[2]
[1,2]Assistants of the department of psychiatry, medical psychology and narcology
Samarkand State Medical University
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Abstract. *For many years one of the most common psychological complications in the IBS clinic is the occurrence of cognitive disorders, the etiology and risk factors of which from a psychological point of view remain insufficiently studied. In this connection, a deep comparative study of the main clinical, psychosocial and emotional-personal characteristics of elderly IBS patients with different dynamics (improvement and deterioration) of cognitive functioning after coronary bypass surgery was conducted. The study showed that patients with the worst cognitive development differed in a number of clinical and psychosocial characteristics (lifestyle characteristics); the presence of some degree of obesity in the history; the large number of affected arteries; Burdened with hereditary GCC male line.*
Keywords: *ischemic heart disease; cognitive disorders rehabilitation; labor prognosis.*

INTRODUCTION

Coronary artery disease, which is currently the most common in cardiovascular disease, is one of the main therapeutic problems, and according to statistics from the World Health Organization, it has become almost epidemic in modern society. The main cause of death of the population for many years [7].

In recent years, the number of patients who have undergone surgery with is constantly growing [6], since with demographic changes in the age structure of the population, the proportion of patients in old and old age increases.

Aging of the population is considered the most pressing problem of modernity, one of the most important social trends of the 21st century. According to international criteria, the population is considered old if the proportion of people aged 65 and older exceeds 7% [3].

One of the most characteristic and early cognitive symptoms of "subcortical" vascular cognitive disorders (within the framework of chronic brain ischemia) are impaired concentration and difficulties in maintaining intellectual activity for the required time. Patients cannot organize their activities correctly, often leave the business they started, get tired quickly, cannot work with several sources of information at the same time or quickly move from one task to another. Difficulties may arise when analyzing information, highlighting the main and secondary, determining similarities and differences between concepts, building an algorithm of activity. At the same time, patients themselves complain of general weakness and increased fatigue, sometimes "vagueness and heaviness in the head." Memory disorders in this case are associated with the insufficiency of active reproduction of information while preserving its memorization and storage. Patients experience difficulties in extracting the necessary information from memory, but the preservation of the memory trace is subsequently manifested by spontaneous recollection or by facilitating the conditions of reproduction (for example, with the help of a hint or when it is

possible to choose from several alternatives). Primary (cortical) disorders of praxis, gnosis and speech are not characteristic of "subcortical" vascular cognitive disorders [10].

In this regard, an important function of modern clinical medicine is the prevention and treatment of cardiovascular diseases, including those common in old age.

Recently, it is very common in young people, for example, in men under 40 years of age [9]. Cardiovascular diseases, including, lead to a decrease in individual cognitive functions and a deterioration in cognitive health in general. The study of cognitive status is not included in the standards for examining cardiac patients. However, early detection of cognitive impairment helps to take a number of measures aimed at preventing cognitive decline and serves as a long-term guide to adequately treat cardiovascular pathology. almost all patients with impaired concentration and retention have more or less clear signs of difficulty in distributing and replacing attention from one trait to another [2].

Patients with Arterial hypertension and heart failure perform neuropsychological tests that are aimed at diagnosing memory, attention and thinking worse. When diagnosing cognitive dysfunction, full somatic examination of the patient and active therapy for identified somatic pathology are necessary [3].

Research objective: the study of the dynamics of cognitive activity of patients with, a comparative analysis of the main clinical, psychosocial and emotional - personal characteristics of elderly patients with different dynamics of cognitive activity.

Research materials and methods

The study was conducted on the basis of the dispensary Department of the Samarkand Regional Psychiatric Hospital and the Department of Psychiatry, medical psychology of the Samarkand State Medical University.

The study involved 60 patients diagnosed with YuIK. The study included non-dementia patients with clinical diagnoses. The ratio of elderly to middle-aged patients was 30 elderly and 30 middle-aged patients. In addition, 24 elderly patients with KSH were selected for comparative analysis, among them: 13 patients with positive dynamics of cognitive functions and 11 patients with negative dynamics.

The study was conducted in two stages. The first stage of the study included a structured conversation that collects socio-demographic, clinical - psychological and clinical data, a collection of clinical indicators from medical documents and the first block of experimental - psychological research conducted using psychodiagnostic methods: "techniques of sequential compounds"; for the study of Adult Intelligence (WAIS), pathopsychological "10 words", "memorizing stories", samples of "simple analogies"; A. Benton's "visual retention test";" Toronto alexithymic scale " (TAS). The second stage of the study included a structured interview that collected clinical data, a collection of clinical indications from medical documents, and a second block of experimental psychological research.

Research results.

The results of studies of the dynamics of cognitive functions of patients with Coronary heart disease indicate that cognitive impairments in elderly people after surgery occur in the areas of short-term mechanical memory, verbal-logical thinking ($p<0.05$), mental activity rate, concentration and active attention switching. Possible causes of such deterioration include the negative effects of changes in brain activity due to coronary bypass surgery, as well as a decrease in the level of mental activity of patients due to lifestyle changes compared to the preoperative

stage. Positive dynamics has been identified in the areas of long-term mechanical memory, visual memory, logical memory ($p<0.05$), and spatial-constructor thinking. A psychodiagnostic study conducted found that coronary bypass surgery can have not only negative but beneficial effects on the cognitive field of patients.

After the coronary bypass, a comparative analysis was carried out to in-depth study of the main clinical, psychosocial and emotional-personal characteristics of elderly patients with various dynamics (improvement and deterioration) of cognitive activity.

A comparative analysis based on the improvement/deterioration of cognitive status included 24 elderly patients (60 □ 74 years old), who participated in two stages of the study, as well as performing all (without exception) psychodiagnostic tasks proposed. The grouping of patients was done through the mathematical expression of the dynamics of cognitive functions, represented by two definitions of cognitive impairment, as tested in foreign studies [10].

Based on the above method, 24 elderly patients who underwent coronary bypass surgery were selected in this study, among them: 13 (54.1%) with positive dynamics of cognitive function and 11 (45.9%) with negative dynamics. It is important to note that in the rest of elderly patients who are not part of groups, it is impossible to talk about the orientation (deterioration/improvement) of cognitive changes, based on the definition introduced.

The results of the comparative analysis are presented in Table 1. Only clinical and clinical-psychological characteristics are given, from which statistically reliable differences are obtained.

Table 1

Comparative analysis without improving the clinical characteristics of patients and improving cognitive performance coronary bypass surgery

Clinical and clinical-psychological characteristics (n=24)		no violation has been identified (n=13)		the breach was discovered (n=11)		Total	
		N	%	N	%	N	%
Physical activity before hospitalization	No	4	30,8	10	90,9	14	58,4
	Yes	9	69,2	1	9,1	10	41,6
TVI	Norm	5	38,45	1	9,1	6	25,0
	Overweight	5	38,45	2	18,2	7	29,2
	Obesity	3	23,1	8	72,7	11	45,8
Heredity in KVK according to the male line	No	9	69,2	3	27,3	12	50,0
	Hypertension or stroke	4	30,8	5	45,4	9	37,5
	Coronary heart disease	0	0,0	2	18,2	2	8,3
	Coronary heart disease + Hypertension or stroke	0	0,0	1	9,1	1	4,2

It turned out that among patients who are not cognitively identified most of the violations (59.55%) did not follow a diet until hospitalization, despite the recommendations of doctors, and among patients with cognitive impairment, 79.8% of patients followed a diet. Also, reliable

differences in the indicator of physical activity before hospitalization were found. It turned out that the majority of patients without cognitive impairment (71.2%) were physically active prior to surgery, and 87.9% of patients with diagnosed cognitive impairment were found to lack physical activity. Additionally, patients with cognitive impairment (69.7%) were diagnosed with a certain degree of obesity compared to those without cognitive impairment (18.1%). It should be noted that physical inactivity and excess weight are one of the risk factors for their development.

Statistically reliable differences in the number of affected arteries were also found. In patients with cognitive impairment, three or more arteries were found to have more reliable effects than those with cognitive improvements (89.9% versus 48.8%).

Based on the data presented in Table 1, reliable differences between elderly patients with and without cognitive improvements were obtained, as well as the degree of severity of heredity with cardiovascular diseases along the male line. Thus, patients who showed cognitive improvement after surgery showed that coronary bypass surgery was significantly more non-hereditary (71.3% versus 31.3%) and did not suffer from their fathers. Conversely, severe heredity in the form of patients without cognitive improvement was observed in 20.2% of cases, and in the form of hypertension and / or stroke in 39.4% of cases.

In elderly patients with different dynamics of cognitive activity in psychosocial and emotional-personal indicators, statistically reliable differences were not found.

Conclusions

1. The presented results of a comparative analysis of the clinical and clinical and psychological characteristics of elderly patients with different dynamics of cognitive function indicate that patients with poorer cognitive dynamics are characterized by the number of affected arteries, a history of obesity to some extent, and often have a male lineage aggravated by CVD.

2. Subsequent comparative analysis has shown that patients with worse cognitive dynamics in the preoperative stage differ in a number of clinical and psychosocial characteristics: non-adherence to a diet until hospitalization; lack of physical activity until hospitalization; the presence of a history of obesity to a certain extent; a large number of affected arteries; severe heredity through CVD along the male line.

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