THE VALUE OF NEUROPEPTIDES IN THE TREATMENT OF PATIENTS WITH COGNITIVE DYSFUNCTION IN EPILEPSY

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Abstract. *Management of patients with epilepsy is a serious problem of modern medicine Lack of timely and adequate treatment of patients with epilepsy leads to the occurrence of irreversible anatomical and functional changes in the brain. To improve the effectiveness of treatment of patients with epilepsy in our country, drugs are used, the effectiveness and feasibility of many of which are not reliably proven.*
Keywords*: memoprov, cognitive, dysfunction, effectiveness.*

Relevance. Management of patients with epilepsy is a serious problem of modern medicine [2,10,11]. Lack of timely and adequate treatment of patients with epilepsy leads to the occurrence of irreversible anatomical and functional changes in the brain [1,3,4,5,6,7,8,9].. To improve the effectiveness of treatment of patients with epilepsy in our country, drugs are used, the effectiveness and feasibility of many of which are not reliably proven. The study of this issue served as a stimulus for the present study [10,13,14].

Purpose of the study to investigate the effect of the drug memoprov on the restoration of cognitive impairment, increase in the level of social and domestic adaptation and normalization of psycho-emotional state in patients with epilepsy.

Materials of the study. There were 156 patients aged 20 to 65 years with epilepsy under observation. Group 1 included 78 patients taking memoprov and Group 2 included 78 patients for whose treatment memoprov was not used.

Memoprov was administered from the first day of development of cognitive impairment in epilepsy, daily orally 1 tablet once a day after meals for 1 month. Impairment and recovery of cognitive dysfunction were determined using the Denver Developmental Screening Test (DDST) and NHS3 scales.

Results and their discussion. The results of the study showed that memoprov caused a significant increase in the degree of recovery of cognitive dysfunctions as compared to the control group. In group 1 patients sufficient and complete recovery of cognitive disorders was observed in 60% of cases, and in group 2 patients who did not receive this drug - only in 31.6%.

The severity of convulsive seizures in patients with epilepsy was assessed according to the NHS3 scale (National Hospital Seizure Severity Scale), which was developed on the basis of two scales - ChalfontSeizureSeverityScale (DuncanJ.S, SanderJ.W.S, 1991) and Liverpool scale (BakerG.A., JacobyA., SmithD.F., 1994).

The parameters that are rated on this scale are the presence of generalization of seizures, falls during seizures, possible injuries during seizures, presence of urinary and fecal incontinence, degrees of state of consciousness during seizures, and the time required to return to consciousness and the presence of automatisms.

Each item was scored from 0 to 4 points, the total number of points patients could score from 1 to 27 points, and the higher the score, the more severe the seizures.

NHS3 scale

Parameters		Points
Seizure generalization	have	4
	no	0
Falling	never	0
	infrequently	2
	frequently	3
	almost always	4
	always	4
Injuries during a seizure	no	0
	mild trauma or mild headache	2
	Biting of the tongue or severe headache	3
	burns, deep paresis, fractures.	4
Incontinence	never	0
	infrequently	2
	frequently	3
	almost always	4
	always	4
Loss of consciousness	without warning	2
	sometimes with a warning	1
	always with a warning	0
	always with a warning	0
	without loss of consciousness	0
	seizures only during sleep	0
Time to return to normal	less than 1 minute	0
	1 - 10 minutes	1
	11 - 60 minutes.	2
	1 - 3 hrs.	3
	more than 3 hours	4
Automatisms	no	0
	mild or focal twitching	2
	seriously undermining	4

The use of memoprove had a positive effect on the patients' independence in performing basic household functions. According to the results of the study, memoprove therapy significantly

improved cognitive functions. A pronounced improvement of cognitive functions in group 1 patients was observed in 72.4% of cases, in group 2 patients - only in 24.1%.

Overseas, DenverDevelopmentalScreeningTest (DDST, 1990) is used as a screening test.

To standardize the testing of traits, it is necessary to use the instructions for the test. A number of parameters (marked with R) can be assessed from parents' words. For each of the sublevels, the researcher should obtain at least three completed and three uncompleted tasks. If the patient fails a task that is performed by 90% of his or her healthy peers, the response is considered "negative". If the patient performs a task that is available to less than 25% of their healthy peers, then the response is considered to be "ahead of schedule".

Conclusion. Thus**,** our study has shown that the prescription of Memoprov to patients with cognitive dysfunction in epilepsy increases the degree of recovery of cognitive and other neurological functions. Memoprov plays a significant role in normalization of psychoemotional state of patients, the violation of which largely prevents adequate restorative treatment of cognitive dysfunction in epilepsy.

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