

ASSESSMENT OF THE QUALITY OF LIFE ON THE MSIS-29 SCALE IN PATIENTS WITH MULTIPLE SCLEROSIS

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Abstract. *The article provides data on the results of the study of the diagnosis of multiple sclerosis. Multiple Sclerosis Impact Scale 29 (MSIS-29) is a proven and reliable scale for assessing the quality of life of patients with multiple sclerosis. .*

In the last decade, some progress has been made in studying the pathogenesis and developing methods for treating demyelinating diseases. PC is classified as a multifactorial disease. For its occurrence, a combination of hereditary predisposition and external influences (for example, viral infection) is necessary. Among the mechanisms of implementation of these pathogenic factors, autoimmune reactions and chronic inflammatory process are of leading importance.

The causes of occurrence, features of clinical manifestations and prognosis of these disorders have been studied extremely rarely. Improving diagnostic methods and the presence of erased forms of MS dictate the need to study the characteristics of the MS clinic and conduct a more thorough differential diagnosis with other demyelinating diseases.

Keywords: *multiple sclerosis, MSIS-29, cognitive sphere, the physical aspect, psychological component, affective disorders.*

Relevance:

Multiple sclerosis (MS) is a chronic demyelinating disease of the central nervous system, known for quite a long time. This problem remains one of the most urgent in modern neurology at the present time, which is explained by the high prevalence of the disease among young people of working age and the inevitable development of persistent disability at a certain stage [1,3]

Experimental work has convincingly shown that the formation of inflammatory cell infiltrates in the brain parenchyma is characterized by the constant migration of activated T-lymphocytes across the blood-brain barrier (BBB) and subsequent stimulation of cytokine production by immunocompetent cells. [2,3,4]

The most common possible risk factors for multiple sclerosis at all ages are emotional stress and acute respiratory viral infections.

The aim of the research

Assessment of the quality of life on the MSIS-29 scale in patients with multiple sclerosis

Material and methods

In all subjects with disease duration up to 10 years there are general trends in changes in the quality of life, more expressed in older age subgroups. In the future, as increasing neurological deficit and increasing duration of the disease more than 11 years, indicators characterizing various forms functioning continue to progressively decrease without showing significantly significant differences between groups

To achieve our goals, we examined 30 patients with a reliably confirmed diagnosis of MS. The physical aspect of functioning consists in understanding the functional deficit, the presence of

signs of disability and disability. The psychological component includes the emotional well-being of the patient. In our work, the MSIS-29 scale was used to assess the quality of life.

According to the results of this questionnaire, the average value of the physical component was 33 (25-44) points, and the mental component was 15.5 (11-22) points. The quality of life worsened with age, the duration of the disease negatively affected the physical component of the quality of life. We can assume that the mental and physical component of the quality of life is associated with affective disorders and fatigue syndrome. [2,4,5].

The features of fatigue syndrome were analyzed based on the results of psychometric testing of 30 patients with MS, which revealed fatigue syndrome in more than half of the examined patients in 17 (56%) patients. The average MFIS fatigue value in MS patients was 32.5 (24-43) in the younger group 1 and 42.5 (34-50) points, which significantly exceeded the control value (12; 8-26 points),

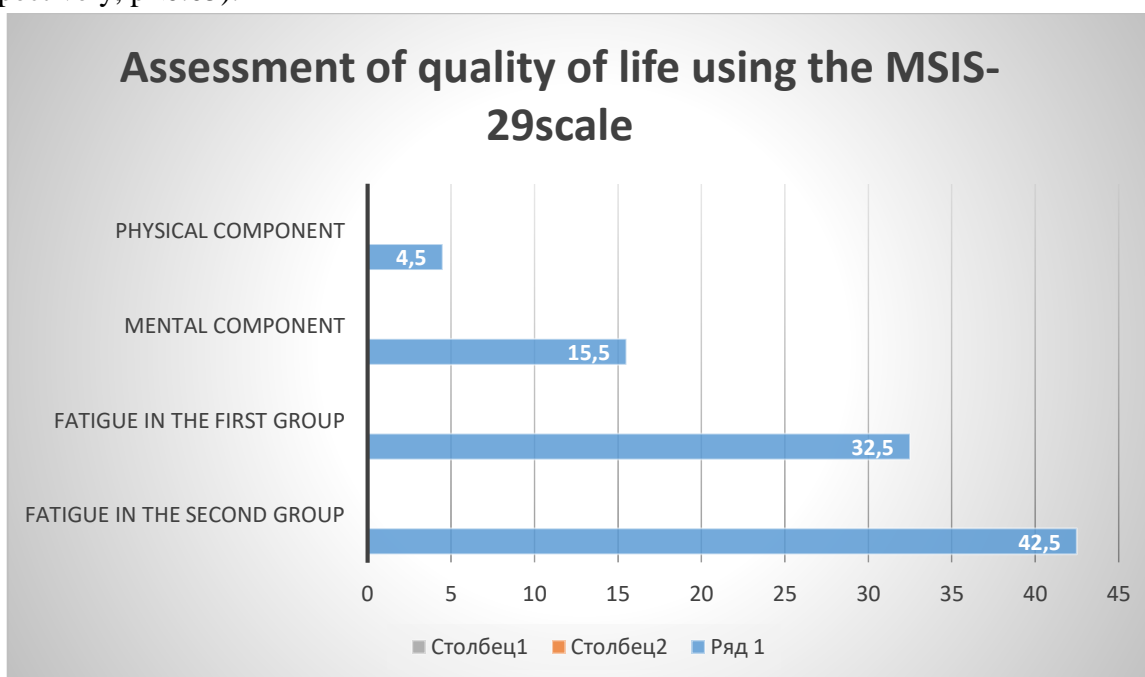
With the same frequency of occurrence in men and women, fatigue syndrome was more pronounced in group 2. Thus, the increase in neurological deficit was accompanied by an increase in the severity of fatigue syndrome and reduced quality of life in patients with MS. [6,7,8,9,10]

The results of the study

The results of the neuropsychological study showed that cognitive impairment is a significant component of the clinical picture of MS. Assessment of cognitive functions according to the MMSE scale study in all the

MS patients we examined revealed five variants of the state of cognitive functions: the norm (65.8%), mild (20.8%) and moderate (11.6%) cognitive impairment, mild dementia (1.6%). The presence of moderate and severe dementia in the examined cohort of patients with MS has not been established by us.

In general, mild disorders predominate in the structure of cognitive insufficiency in both young and older patients (18.3% and 23.3% of patients, respectively). However, in patients with MS of the older age group, there is a steady increase in moderate disorders (18.3% and 3.3%, respectively, $p < 0.05$).



Conclusions.

Thus, the increase in neurological deficit was accompanied by an increase in the severity of fatigue syndrome and reduced quality of life in patients with MS.

Thus, MS patients of the older age category are characterized by various cognitive impairments to a greater extent than for young patients.

In patients with onset in old age. Age-related multiple sclerosis most often has first progressive and secondary progressive variants. With same duration of disease in older patients have more developed neurological deficits compared to age of patients according to the EDSS and MSIS-29 scale.

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