COMPLICATIONS IN NEUROLOGICAL PATIENTS AND STROKE PREVENTION

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Abstract. *One of the most pressing problems is recognized in modern medicine and counseling. This is not surprising, since the population of almost all countries of the world is rapidly aging, and the overall impact of the risk factor on an individual is increasing. Statistics reflect the full scale of the problems; Thus, Russia ranks second in the world in terms of the consequences of death from stroke, ahead of all European countries and the United States. In addition, stroke and these indications lead to disability of the patient are dangerous. The seriousness of the clinical situation resulted in a disruption of the blood supply to the brain and bleeding with a deterioration in the state of health and glucose in the body.*
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Relevance. When a person is asked what is more valuable to him than anything in the world, one answers - health, the second - happiness, the third - money. There is a disease that takes away all these joys of life, both from the person himself and his family and friends. We are talking about stroke - the most expensive disease in the world in terms of financial and moral costs.

A stroke is a lesion of the central nervous system caused by a violation of cerebral circulation. The cells of the brain area die due to the restriction of the flow of blood and nutrients to them. The function of a part of the brain disappears, and with it the functioning of controlled organs and systems is disrupted. In one second, a reasonable person can turn into a helpless, insensitive and thoughtless creature. It's not for nothing that in the West a stroke is called a stroke. It is customary to distinguish between two types of stroke: ischemic and hemorrhagic. The blow changes the rhythm of life of everyone around, providing the patient with constant care. Medicines in the fight for the remaining brain cells are very expensive.

Immediately after a stroke, it is difficult to predict its consequences. Medicines help reduce the likelihood of relapse, but recovery of function may not be complete. The presence of coma, complete hemiplegia (paralysis of one side of the body) and paralysis of the eye indicate an unfavorable prognosis for the development of the disease. Urinary incontinence is also an unfavorable prognostic sign, and recurrent urinary tract infections may develop against this background. Another potentially fatal complication is pneumonia.

With a stroke, it is impossible to predict either the development of the disease or the degree of possible impairment of body functions. They depend on the location of the stroke, the age of the patient and his general health. And also on how effectively the patient will undergo rehabilitation, take care of himself, and do special exercises after a stroke. Any dysfunction seen beyond 6 months post-stroke is likely to be permanent. About half of those with moderate or severe hemiplegia recover enough to walk independently and perform activities of daily living without assistance, and may even be able to lead an active lifestyle. The faster mobility is restored, the better the prognosis. The mortality rate from stroke has been declining over the past 50 years, but the incidence remains the same. This is due to the growing number of older people in the

population. Since both the stroke itself and the damage it causes are incurable, special attention should be paid to stroke prevention. First, analyze the life path of your family and friends. The presence of a person who died from a stroke in the family rather indicates a hereditary predisposition to the fragility of cerebral vessels. Such individuals should not only strictly control their blood pressure, but also take vascular medications. Let me remind you that the normal blood pressure level is up to 140/90 mm Hg. Ideas about the usual blood pressure at which a person feels good are simply erroneous and self-deception. Let's continue about blood pressure. Monitor it daily. Don't flatter yourself with the hope that you have high blood pressure by accident or because of hard work and that everything will be normal by the evening. If the pressure is regulated normally, the dose of the antihypertensive drug is selected correctly - the pressure is stabilized within 30 minutes. after physical or emotional stress. Don't make the same mistake: if your blood pressure is normal while taking medications, under no circumstances stop taking them. Taking care of blood vessels will include careful attention to the level of cholesterol in the blood serum. The norm of the latter is 5.2 mmol/l. Don't be lazy to do a biochemical blood test, no matter what age you are and no matter how well you eat. It turns out that you can help yourself in an even easier way. A diet with a minimum amount of salt (salt is already on your plate) and limiting animal fats can greatly reduce the risk of cerebrovascular accidents, avoid a wheelchair and a shuffling gait. Giving up cigarettes and drinking alcohol is highly desirable, since all arguments about the absence of their effect on the body have no basis. The second large group of activities will consist of physical activity and a healthy lifestyle. The objectives are as follows: saturate tissues with oxygen, increase resistance to everyday stress, and normalize vascular tone. The latter is easily achieved using water procedures. These include: contrast showers, baths followed by wiping, swimming pools and saunas. Do not forget about the purpose of the event, when the criterion for a sufficient load will be a pleasant feeling, both during and after the procedure, without a period of exhaustion and pain. During physical activity, it is necessary to work large muscle groups and, of course, the leg muscles. That is why fast walking, slow running, cycling, skiing and so on are so encouraged. Useful physical work is distinguished by dosage and regularity of movements. A daily one-hour, five-kilometer walk at a moderate pace will provide just such a load. Let's not forget about the strength of the load. For some, this may include movements in bed. The main principles are the same: gradualism and systematicity. Yes, this requires great willpower, but we are talking about human life. It's hard without like-minded people, but if there are none, a diary will become your assistant. Celebrate your successes and failures every day, and most importantly, what you did more on this day than on the previous one. One more rule should not be neglected: make your brain work! It is not surprising that a visiting patient complains of a sharply reduced ability to remember and simply catastrophic forgetfulness, if the last time he held a book in his hands was decades ago. A person develops, if he develops himself, until about 28 years of age. Then gradually all processes in the body slow down, both metabolism and mental activity. Mental gymnastics helps train and maintain connections between neurons in the gray matter of the brain. Such mental gymnastics for the elderly are reading, playing chess, and solving crossword puzzles. Younger people may be advised to study foreign languages or memorize poetry. Watching TV and listening to the radio are not helpful in this regard.

The next method of prevention is the use of medications. It is necessary to undergo an examination by a doctor, including a diagnostic minimum: a general blood test, a general

urinalysis, blood glucose, cholesterol and prothrombin index, which will show the need for prophylactic use of aspirin in small doses, which is so common both abroad and here.

Currently, in the clinic of ischemic stroke, depending on the root cause, two forms are distinguished. Thrombotic stroke is caused by the formation of blood clots in the lumen of cerebral vessels with their subsequent blockage (occlusion). Primary occlusion develops in a vessel, the lumen of which has previously been narrowed due to atherosclerosis. The second form - embolic stroke - is caused by embolism of a vessel from a distant source (most often, the heart, less often - emboli penetrate from the aortic arch or the mouth of the great vessels).

You should be aware that the duration of ischemic disorders is important and treatment tactics largely depend on it. Transient cerebral ischemia (transient) is accompanied by almost complete restoration of lost brain functions within 24 hours after manifestation. A minor stroke is considered to be a disorder that lasts more than 24 hours but less than one week. A completed ischemic stroke is defined when brain damage persists for more than a week. We can talk about a thrombotic stroke when disorders of the nervous system occur gradually, stepwise with an increase. And with embolism, symptoms develop suddenly and almost immediately to their maximum extent.

Usually, a few days before a stroke, the patient begins to experience headaches, dizziness, darkening of the eyes, dizziness, and slight numbness in the extremities. Gradually, the intensity of the clinical picture increases until there is complete impairment of movement and sensitivity in the limbs. In some cases, speech impairment and confusion occur. Ischemic stroke in the middle cerebral artery basin is often accompanied by impaired flexion in the joints of the limbs and immobility of the patient. The prognosis for restoration of lost functions is favorable. Long-term hypertension, aneurysms, trauma and cerebral hematomas lead to the development of hemorrhagic stroke. Less commonly, this disease is recorded as a complication of taking certain medications, angioplasty, or encephalitis. Hemorrhage can occur at the level of the cerebral hemispheres, brainstem, and accumulation of hemorrhages is found in the thickness of the brain or directly under the membrane.

Conclusions. In the case of hemorrhage in the brain tissue, the patient experiences a sudden loss of consciousness, unilateral loss of movement and sensitivity of the limbs. Visual disturbances are often observed - limited vision, functional strabismus. Hemorrhage at the cerebellar level is characterized by a sudden deterioration in condition, dizziness, vomiting, impaired consciousness, and eye symptoms. Hemorrhage under the membranes (subarachnoid), as a rule, is associated with rupture of an aneurysm. The patient suddenly develops a rather sharp headache. After hemorrhage, cerebral edema, inflammation and tissue necrosis are formed with the shutdown of the function of organs and systems whose centers are located in the affected area.

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