



**PROVIDING EFFECTIVE GENERAL CARE DURING THE DIFFERENTIATION
PERIOD OF TRANSIENT CEREBROVASCULAR PATHOLOGIES**

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Abstract. Acute cerebrovascular accident is a very serious and severe cerebrovascular pathology. Based on the latest WHO data, the mortality rate for ischemic stroke is from 10% to 25%, for hemorrhagic stroke - from 45% to 60%. The main complications leading to death include: brain edema, pulmonary edema, various types of heart failure and heart failure. In other cases, the consequences may be irreversible or temporary and are manifested by regression of communication, speech, emotional and other higher functions. A significant deterioration is observed in the first three months after a cerebrovascular accident.

Acute circulatory disorders in the brain or stroke represent a complex diffuse or focal lesion of certain parts of the brain centers. More than 23% of these cerebrovascular diseases (CVD) are fatal, and almost all patients who survive and recover from a serious condition have complications caused by cerebral vascular pathology (paresis, plegia, aphasia, dysfunction of vital organs), impaired ability to provide self-care, people become disabled and, naturally, need the care of others. Therefore, there are often cases of insufficient opportunities for differentiation of these pathological conditions in the first hours. Such cases may be associated with problems before hospitalization or the lack of CT and MRI devices in remote areas and transportation. This indicates that CVD is a serious pathological condition and requires qualified intensive care, in addition to first aid before initial hospitalization.

Theoretical part.

CVD As can be seen from the above, it is necessary to pay serious attention to the pathological condition and its complications, organize primary, secondary and finally tertiary prevention of the disease itself and its complications, provide timely assistance and complete rehabilitation as the main tasks of medicine.

Causes.

The main causes of cerebrovascular pathologies are arterial hypertension, ischemic heart disease and atherosclerosis. Risk factors include:

- nicotine and alcohol addiction;
- stress and depression;
- physical inactivity (hypodynamia);
- excess body weight and obesity;
- genetics;
- people over 50 years of age;
- diabetes mellitus.

There are two types of cerebral vascular pathologies - ischemic and hemorrhagic. Cerebral infarction (ischemic) occurs as a result of blockage or narrowing of the cerebral vessels, resulting



in prolonged ischemia and irreversible changes in brain structures. The cause of a sharp deterioration in blood supply can be vascular spasm, which is mainly caused by hypertension. Most often, ischemic strokes are caused by thrombi in the heart cavity or ruptured atherosclerotic plaque. In some cases, myocardial infarction can occur due to a decrease in the ability of the heart to pump blood.

The clinical picture of hemorrhagic stroke is characterized by hemorrhage into the cranial cavity, acute onset and rapid progression of symptoms. The causes of the pathological condition are usually long-term hypertension of various genesis, congenital anomalies of the cerebral vessels, vasculitis, amyloidosis and aneurysm.

Symptoms.

Acute circulatory disorders are manifested by general and focal neurological symptoms of the brain.

General cerebral symptoms include sputum, drowsiness or excessive excitability. Headache increases, which can be accompanied by nausea and vomiting. Disorientation in time and place, increased heart rate, hyperhidrosis may occur.

The situation is complicated by the development of cerebral edema and intracranial hypertension, which threatens to compress the brain stem.

The clinical picture of focal symptoms is determined by the affected area. For example, weakness or paralysis of the limbs, impaired vision and speech, paresis of the facial muscles occur as a result of damage to the area of the brain supplied by the carotid artery. A stroke in the vertebrobasilar region is manifested by dizziness, impaired coordination of movements, motor skills, speech and hearing.

Timely help from others is very important. If you have such symptoms, you should immediately seek medical help. The sooner qualified assistance is provided for an acute cerebrovascular accident, the more favorable the prognosis for recovery.

Consequences of acute cerebrovascular pathologies:

Acute cerebrovascular accident is classified as a dangerous vascular pathology. According to statistics, the mortality rate for cerebral infarction is from 15 to 25%, for hemorrhagic stroke - from 40 to 60%. The main causes of death include brain edema, pneumonia, and heart failure.

In other cases, the consequences may be irreversible or temporary and are manifested by regression of communication, speech, emotional and other higher activities. A significant deterioration is observed in the first three months after a cerebrovascular crisis. Among the most common complications:

1. Paralysis and impaired motor functions of a certain side of the body, depending on the affected area. For example, a hemorrhage in the right part of the brain leads to muscle paresis on the left side. In severe cases, complete paralysis develops.
2. Peripheral neuropathy is caused by damage to one or more peripheral nerves, which leads to a violation of signal transmission. Accordingly, walking and movements become difficult, coordination of movements is lost, problems with breathing and swallowing may occur.
3. Urological complications are the result of damage to the centers and pathways of urination. Urination disorders are manifested by motor and mental disorders. Disorders are mainly observed immediately after a stroke and are temporary in nature.
4. Aphasia occurs with organic lesions of the areas of the brain responsible for speech. This condition is observed in a quarter of patients and is characterized by the loss of the patient's ability to use speech and / or understand the phrases addressed to him. Systemic dysfunction



leads to a loss of communication skills, difficulty writing and reading. Against the background of long-term aphasia, personality degradation occurs, emotional and communication functions are impaired.

The degree and speed of recovery depend on the severity of the stroke, the adequacy and timeliness of first aid, age and concomitant pathologies. It is important to know that after a year the probability of recovery is significantly reduced, therefore, the main efforts should be aimed at comprehensive rehabilitation of the patient in the first months after cerebrovascular pathologies. In cases where acute circulatory disorders in the brain have not yet been differentiated, assistance is provided based on the following general principles. In the first place, the prevention of severe complications requires an individual approach to patients with hypertension or a sharp increase in blood pressure for the first time. Providing prompt and effective assistance when blood pressure increases directly depends on identifying the mechanism that causes blood pressure to increase. It is necessary to slowly and purposefully lower blood pressure. Also, in the treatment of cerebral edema, hypertensive solutions are used with loop diuretics, magnesium is used due to its blood pressure and anti-cerebral edema properties, mild diuretic properties and other properties. When patients are observed to be in states of physical and mental stress, measures should be taken to improve these conditions (bed rest, rest, restriction of unnecessary movements). Make a warm water bath for the patient's feet. All precautions should be taken to prevent the patient from freezing. It should also be remembered that the main thing is to eliminate the symptoms that bother the patient.

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