Recently on reception at doctors of various specialties patients complain of memory violation. Even more often in diagnoses it is possible to meet the formulation "cognitive violations" [8]. However in the detailed analysis of these complaints and carrying out psychological testing it becomes clear that at many not memory, but attention suffers. In it there is nothing surprising as in our century of scientific and technical progress, excess amount of information, the Internet, mobile communication and by all means the stressful situations accompanying us it is very difficult to hold all information in the head [3]. Therefore all unnecessary, fulfilled very quickly passes into "depths" of long-term memory and over time is forgotten [1]. Often the brain differentiates the arrived information on importance, rejecting all the rest. On the other hand, growth in the world of neurologic diseases leads to biochemical and structural violations of a cerebral cortex that first of all leads to mnestichal violations [7]. The global grow old age of the population is directly interfaced to a problem of quality of life at senior citizens. At advanced age most often diagnose the vascular and primary and degenerate diseases of a brain leading to cognitive disorders of varying severity: from moderated to the expressed [5].

Functional and anatomic researches of a brain testify that the associative zones of cerebral bark connected mainly with ensuring the highest brain functions considerably surpass primary motor and touch cortical fields in the area [4]. Therefore natural is that fact that the majority of the neurologic diseases affecting the central nervous system is followed by violation of cognitive functions. Thus, cognitive frustration are the same fundamental neurologic symptom important for sindromal, topical and nosological diagnosis of diseases of nervous system, as well as motive, sensitive and vegetative violations [6]. Therefore it is very important even to be able to reveal, prevent progressing on primary reception and to start treating these changes [2].

Research and medicamentous correction of the broken cognitive functions of a brain at patients with various neurologic diseases who showed complaints to decrease in memory and working capacity, the general weakness became the purpose of our work.

Three studied groups were allocated. The first was made by 30 young patients who connected the symptoms with the postponed neuroinfection; 20 patients with IC in the anamnesis entered the second; in the third - 28 people of 50-58 years with ischemic encephalopathy I - II stages against a hypertensive illness. Taking into account complaints we developed the scheme of testing which included research of the mental status (on MMSE scale), depressions (on Beck's scale) and uneasiness (Spilbergera-Khanin's scale), and also memory research (storing of 10 words, a visual memory, storing with an interference) and attention (proof test of Burdon, tests with Shulte's tables).

In the analysis of the received results it is revealed that all patients at primary inspection had a memory and the mental status within norm. At research of attention decrease in indicators at 100% examined in all groups was noted. When carrying out proof test of Burdon violation of concentration and considerable violation of stability of attention was noted. Similar violations prevailed in group of patients with hypertensive ischemic encephalopathy and after the postponed craniocerebral injuries. Many patients because of fatigue refused to finish proof test.

The depression was revealed at all examined patients, and substantially - at 14% after the postponed IC, at 16% with vascular pathology and at 25% of patients after inflammatory diseases. Also

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**DEMENTIA AS A GLOBAL PROBLEM OF XXI CENTURY**

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Cognitive impairment in elderly patients with diabetes mellitus is an important medical and social problem. The article covers aspects of pathogenesis and treatment approaches of cognitive impairment and diabetes mellitus; in particular Tanacan as a treatment option for correction of cognitive status in patients with diabetes mellitus.

**Keywords:** cognitive impairment, diabetes mellitus, elderly patients.

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uneasiness signs, in the prevailing majority - moderately expressed degree were found in all patients. We didn't observe reliable distinctions in all groups. And jet uneasiness (60% of patients) was moderate whereas personal (70%) it was estimated as high.

Thus, we noted absence the mnestichal of violations at the examined patients, despite existence of the corresponding complaints. Along with it we revealed objective signs of violation of other components of higher nervous activity - the emotional sphere and attention. Therefore our choice for correction of such violations fell on preparations, not only the improving informative functions of an organism, but also correcting the emotional sphere. 16 patients after the postponed neuroinfection and group of the patients having in the anamnesis of CCI accepted Tanacan in a dose 40 mg 3 times a day within 1 months. Other 14 people from group of an a neuroinfection and 21 patients with vascular disorders of a brain accepted fevarin in a dose 100 mg of 1 time a day, in the evening within a month.

After treatment testing which showed was held again that indicators improved in all groups of patients and had accurate correlation of patients and neurologic pathology with age. 60% of patients noted subjective improvement of memory, working capacity increase, improvement of quality of a dream. Reliable distinctions from the accepted treatment by us it wasn't noted. At all patients memory indicators that the mnestichal of processes under the influence of the carried-out treatment testifies to activity improvement raised. In structure of testing the greatest improvement was noted in storing of 10 words, the smallest - in storing with interference. Indicators of attention improved and entered norm limits on average at 75%. A little smaller results were observed in group of patients after the postponed CCI and with vascular pathology of a brain. Dynamics of uneasiness and a depression noted by us was one of the positive moments of treatment. Symptoms of a depression on Beck's scale after treatment were observed on average on groups at 10% of patients, and degree of their expressiveness decreased. Only one patient in group of vascular diseases had no improvement, and manifestations of a depression were estimated as high.

Considerable dynamics occurred and at an uneasiness assessment, and the greatest - at jet. On average it is revealed only at 50% of patients (before treatment - 100%).

Thus, we stated positive influence of preparations of nootropic action Tanacan and Fevarin on dynamics of cognitive and psycho emotional functions at patients after the postponed inflammatory diseases and injuries of a brain, and also at hypertensive encephalopathy. The revealed data allow assuming that complaints of patients of these groups to decrease in memory are connected with existence of a depression that leads to absent-mindedness and instability of attention. Antidepressants and anti-disturbing action of these preparations caused subjective improvement of a condition of patients. Besides, we noted increase of indicators of memory which were before treatment in norm limits that is caused by nootropic action of the appointed preparations.

ЛИТЕРАТУРА - REFERENCES - ƏDƏƏBİYYAT
Шақарли диабетдан азийлар қочан яшлари хасталарда коқнитив поэломалар вақиб тибби ва социал проблемлардындири. Тўлдим эдилмис мақалада коқнитив поэломаларин ва шақарли диабетин патогенезинин аспектлари ва муаллиқасин вақаниялар, хўсилло шақарли диабетли хасталарда коқнитив статусун көрекцияси учун муаллиқаннин бир варианти олан Танакан муяккир эдилир.
Ачар сўзлар: коқнитив поэломалар, шақарли диабет, яшлари хасталар.

РЕЗЮМЕ

ДЕМЕНЦИЯ КАК ГЛОБАЛЬНАЯ ПРОБЛЕМА XXI ВЕКА

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Когнитивные нарушения у пожилых пациентов с сахарным диабетом являются важной медицинской и социальной проблемой. В статье рассматриваются аспекты патогенеза и подходы к лечению когнитивных расстройств при сахарном диабете; В частности предлагается применение препарата Танакан, в комплексном подходе к коррекции когнитивного статуса у больных сахарным диабетом.

Ключевые слова: когнитивные нарушения, сахарный диабет, пожилые пациенты.

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