Psychosocial stress, cardiovascular diseases, as well as their risk factors, accelerate the progression of cognitive deficits.

In most cases, patients with chronic vascular pathology undergo treatment in an outpatient setting under the supervision of a family doctor. Hospitalization is more often needed for household reasons than for medical reasons and depends on the capacity of polyclinic and social services.

Primary prophylaxis of cerebrovascular diseases includes extensive sanitary and educational work. This work is aimed at raising the awareness of the population about risk factors, as well as identifying groups of people at high risk of developing this pathology.

Considering the multiple risk factors and pathogenesis of vascular cognitive impairments, it is possible to formulate general principles of complex treatment and prevention. Much attention should be paid to primary and secondary prevention of cerebral vascular lesions, including adequate treatment of arterial hypertension, antiplatelet and anticoagulant therapy according to indications. For the correction of cognitive disorders of vascular genesis, all means of their pathogenetic and symptomatic therapy are used: nootropics, drugs with neuroprotective and neurotrophic properties, cholinergic drugs.

Timely diagnosis, implementation of measures for primary and secondary prevention, timely appointment of adequate medication, involvement in the treatment of the patient and his family inhibits the progression of the disease, reduces the risk of complications, contributes to the improvement of quality of life and retention of ability to work.

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DIAGNOSIS OF CHRONIC MESENTERIC ISCHEMIA AT THE STAGE OF PRIMARY MEDICAL CARE

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Syndrome of *c*hronic mesenteric ischemia (CMI) is a very common disease. Most patients with verified atherosclerosis (coronary heart disease and / or cerebral arteriosclerosis and / or peripheral vascular atherosclerosis) have signs of CMI. The number of patients with CMI has increased significantly in recent years due to aging of the population, changes in lifestyle, changes in nutrition, environmental problems. The main cause of CMI is the atherosclerosis of large unpaired abdominal vessels. The need for early diagnosis of this syndrome is due to its complications, especially the possibility of an acute intestinal ischemia and intestinal infarction - an acute surgical pathology with an exceptionally high lethality.

A serious problem of early diagnosis of CMI exists at all stages of medical care. Many methods of verification of CMI exist today. They are: angiography, magnetic resonance imaging, positron emission tomography, dopler sonography. However, all these methods are expensive and not available at the stage of primary care. This situation determines the need for preliminary selection of patients with probable CMI at the stage of primary medical care.

Objective. To evaluate clinical and anamnestic features in patients with verified CMI for use as screening criteria at the stage of primary medical care (family doctor practice).

Materials and methods. 28 patients (18 men, 10 women) with CMI were examined. The diagnosis of HAI was based on the results of ultrasound doppler sonography of the vessels of the abdominal cavity. The age of the patients was from 60 to 75 years. The comparison group consisted of 20 people of the same age who did not have CMI. Groups of patients were representative of one another by main features. All patients were on treatment in the surgical department with diseases not related to the pathology of the digestive system.

Results. The most frequent clinical manifestations of CMI are: low-intensity abdominal pain after eating with a duration of 1 hour or more (in 64.3% of persons in the main group, 25% - in the comparison group), reduced body weight (50% in the main group, 20% - in the comparison group), periodic stool disorders (50% in the main group, 15% in the comparison group). Strong and moderate systolic murmur on the abdominal aorta and / or celiac trunk in 10 patients of the main group was recorded with auscultation of the epigastric region. This phenomenon was not detected in patients of the comparison group The study of the anamnesis found that 100% of patients with CMI had at least one of the clinical markers of systemic atherosclerosis (coronary heart disease, cerebral artery atherosclerosis, arteriosclerosis of the low extremities), and 75.0% had at least 2 markers. In the comparison group, the frequencies were 55% and 30%, respectively. Also, all patients of the main group with complaints of abdominal pain had at least 2 clinical markers of atherosclerosis.

Conclusions. CMI is a significant clinical marker of systemic atherosclerosis. The detection of prolonged postprandial abdominal pain in individuals with multifocal atherosclerosis (at least 2 clinical markers of systemic atherosclerosis) at the primary medical care stage (family doctor practice) can be used as a screening method for CMI. Presence of this symptom is the basis for further in-depth studies in this direction.