

level by 5 – 10 mm Hg.Art. reduces the frequency of atherothrombotic events and prevent the development of cognitive dysfunction. According to the recommendations of the European Society of Cardiology and European Society for the Study of Hypertension the blood pressure level should be less 140|90 mm Hg.Art. In elderly patients maintenance of BP figures at 140|80 mm Hg.Art. makes enable to avoid the progression of mental and motor impairment. It has been proved that the use of a combination of ACE inhibitors and a diuretic reduces the severity of some types of cognitive function.

Integrated approach to secondary prevention of VD requires the administer of antihypertensive therapy (combination of blockers of the rennin-angiotensin-aldosterone system and calcium channels), antiplatelet drugs (aspirin, curantil, clopidogrel), in frequent paroxysms of atrial fibrillation – varfarin. Also use statins, neurometabolic drugs (nootropics, angioprotectors, drugs that improve microcirculation).

Also for treatment of cognitive dysfunction administer inhibitors of acetyl cholinesterase (galantamine, rivastigmine), antioxidants (vitamin E, cytoflavin), antagonists of the NMDA receptors (memantine), drugs of other groups (neuropeptides, cytocalin, sermion, extract of ginkgo biloba, pyracetam, nimodipine, vinkamine).

So the main task of the doctor is early diagnostics and correction changes that can lead to expressed cognitive function.

Malyk N.V., Krylevska S.I.
PREVENTION OF CEREBROVASCULAR DISEASES IN THE
FAMILY DOCTOR PRACTICE

Kharkiv National Medical University, Kharkiv, Ukraine

The problem of cerebrovascular disorders is one of the most urgent in modern clinical medicine, because they often develop, have a high percentage of disability and mortality. Therefore, the task of increasing the effectiveness of treatment and prevention of cerebrovascular diseases has an important socio-economic significance.

Chronic disorders of cerebral circulation (CDCC) occupy a leading place among various forms of cerebrovascular pathology. CDCC is a long-term condition requiring the family doctor to determine long-term goals and stages of treatment that would be understandable to the patient and his relatives. As the process of treatment often requires their conscious participation. During treatment, acute conditions may arise, and the doctor must teach the patient when he needs emergency care. The doctor should understand what is the main thing in the treatment of the patient and be able to explain to him and relatives.

then he can effectively treat chronic and prevent acute disorders of cerebral circulation.

The main manifestations of CDCC are vascular cognitive impairment: lack of attention, inability to concentrate, slowing down of thinking, narrowing of the circle of interests, memory impairment, especially on current events.

One of the main tasks of treating patients with CDCC is prevention acute impairment of cerebral circulation. Brain stroke is the most wide-spread and most dangerous cerebral vascular pathology due to its consequences and outcomes. Therefore, primary and secondary prevention is based on the correction of risk factors.

Factors of cerebral stroke risk include: arterial hypertension (diuretics, beta-blockers, ACE inhibitors, calcium antagonists, angiotensin II receptor blockers are used); heart disease (atrial fibrillation, myocardial infarction - appointment of anticoagulants, antiplatelet agents); diabetes mellitus (blood glucose control, diet, insulin or sulfonylureas preparations, blood pressure in patients with diabetes must be much lower than in people without diabetes mellitus); atherosclerotic vascular lesions (medical or surgical treatment at suspicion hemodynamically significant stenosis or occlusion of arteries of the aortic arch); hypercholesterolemia (hypocholesterol diet, weight loss and exercise, antihyperlipidemic drugs); obesity; bad habits (smoking, drinking alcohol); hereditary predisposition.

Atherosclerosis is a process that leads to stenosis or thrombosis of the arteries. This is a long process. As the diameter of the arteries narrows, there is a danger of both acute and chronic disturbances of cerebral circulation.

Cerebral ischemia can be a separate cause of the development of depression. There are concepts of vascular depression and post-stroke depression, which are directly related to chronic or acute impairment of blood supply to individual parts of the brain. Depression in the elderly is often accompanied by cerebrovascular disease and cognitive decline in brain function. The family doctor should actively involve a psychologist (psychotherapist) for psychotherapy, use psychoeducation, regularly evaluate the results of treatment for correction of therapy, provide continuous monitoring of the patient for successful management of patients with depression.

Often, if memory is impaired, there is no focal brain lesion in patients with CT or MRI examination. In more severe cases of CDCC, there are violations of the intellect and cognitive functions of the brain, i.e. there are signs of vascular dementia. For the correct diagnosis, you must exclude Alzheimer's disease. Diagnostic criteria for vascular dementia are memory impairment, thinking impairment, reduced criticism, clinical signs of focal brain lesions, anamnesis of a serious cerebrovascular disease that may be etiologically associated with dementia.

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.

Parkhomenko K.Yu., Zazdravnov A.A.

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

Kharkiv National Medical University Kharkiv, Ukraine

Syndrome of chronic 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.