



CLINICO-NEUROPHYSIOLOGY CHARACTERISTICS OF EPILEPSY IN ELDERLY PATIENTS

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Annotation

Currently, the condition of the patient with epilepsy requires diagnostic control algorithms for dynamic monitoring, as well as methods to enable the patient to calculate the results. The diagnosis of epilepsy is a factor that makes patients nervous and stigmatizing, and has a strong impact. Misunderstanding of the nature of cash flow on the part of patients and the social environment worsened the patient's social life. Deterioration of the quality of life in patients diagnosed with epilepsy should be analyzed using a biopsychosocial concept, which includes the study of clinical, individual-personal and socio-ecological factors.

Keywords: epilepsy, treatment, treatment, aging, diagnosis.

INTRODUCTION

The problem of HS in elderly patients with epilepsy has hardly been studied, which requires a detailed study of this topic. Analysis of the factors affecting the level of HS in patients with epilepsy allows to develop a strategy for their rehabilitation, to ensure optimal social activity.

MATERIALS AND METHODS

Clinical, neuroimaging, neurophysiological, and clinical psychological studies were conducted within the biopsychosocial concept in accordance with the main goal of this work, which is to comprehensively study the features of the clinical and psychosocial picture of epilepsy in elderly people. During the study, 2 groups of patients, a total of 141 people, were involved. The main group (101 people) included elderly patients with symptomatic, focal epilepsy with various etiological factors (SENILE EPILEPSY).

RESULTS AND DISCUSSION

Patient study data are included in the clinical-statistical card for patients with epilepsy, the main components of the card are anamnestic data about the disease, socio-demographic data, results of neurological and psychiatric examinations, examination data, information obtained from therapy, clinical and psychological examination. Based on the obtained results, statistical calculations and mathematical processing were performed. The form of epilepsy, types and nature of seizures were examined according to the international classification.

Seizure grade and severity were also determined using the British National Epileptic Seizure Frequency and Severity Scale (NHS-3, 1996). The clinical examination method includes the collection and study of information on the anamnesis of the disease, socio-demographic characteristics, results of somatic, neurological and psychiatric examination and dynamic changes after rehabilitation therapy.



HS non-specific general information questionnaire "36-item Short Form Healthy Survey" or SF-36 was also used. The questionnaire consists of 36 items and forms 8 scales that affect and determine the patient's capabilities: physical functions, role function performance, pain perception, general health, vitality, performance of social tasks, mood and emotional background, state of mind. The gradation of the scale values is from 0 to 100 points, as a result, the scales determine two main indicators: the mental and physical components of HS assessment. "Physical activity" indicator (PF) tells about the physical capabilities of the patient, the degree of limitation of physical exercises; the item "role function adapted to physical form" (RP), evaluates the influence of the subject on role activity in physical condition; Pain intensity (BP) assesses the impact of pain on the ability to perform daily activities; "general health" item (GH), assessment of the patient's current health and prognosis of treatment; "Vital activity" (VT) evaluates the amount of strength and energy of the patient; The domain of "Social Functioning" (SF) indicates a change in health that limits social opportunities, whether physical or emotional. The field of "role functioning" (RE) determines the emotional state of the patient, that is, how much the emotional state affects the performance of physical and intellectual tasks. The "Mental health" (MH) component describes the description of mood, the presence of depressive tendencies, anxiety experiences, and the general indicator of positive emotions.

CONCLUSION

After a course of rehabilitation therapy, it was found that there were positive changes in the course of epilepsy in the main group of SENILE EPILEPSYE. As a result of the rehabilitation course of treatment, we achieved a decrease in the frequency of epileptic seizures in the studied group of patients: the number of patients with frequent seizures 1-2 times a year decreased from 24.8 to 11.9%; from 51.5 to 25.7% with attacks 1-3 times a month, weekly attacks from 16.8 to 1.9%; no eclipses from 6.93% with daily eclipses. A change in the nature of the attack was noted: the number of patients with convulsive seizures decreased from 41.6 to 2.9%; nonconvulsive from 22.8 to 10.9%, from 32.7 to 25.7%. There was also a change in the type of seizures: the number of patients with simple focal seizures decreased from 15.8 to 8.9%; with complex focal seizures from 40.6 to 25.7%; with complex focal seizures with secondary generalization from 27.7 to 4.9%; 15.8 to 3.9% with SHGs. Drug control of seizures was achieved in 60.4% of epilepsy cases.

As a result of our study, it was found that the most common etiological factors leading to the development of epilepsy in the elderly are vascular diseases of BRAIN in 67.3% of cases, consequences of brain damage in 18.8% of cases, neuroinfections and BRAIN in 9.9%. neoplasms are combined with various somatic, chronic diseases characteristic of this age in 3.9% of cases.

Unlike other age periods, epilepsy in the elderly has its own clinical and pathogenetic characteristics. In elderly epilepsy, there are mainly complex partial seizures that occur 1-3 times per month, which are often accompanied by a convulsive component.



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