



## The role of therapeutic nutrition in acute cerebrovascular accidents

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### ABSTRACT

In recent years, acute circulatory disorders in the brain have taken a high place in the world and in our country after cardiovascular diseases with mortality and disability rates. Stroke is the second most common cause of death in people worldwide. Every year, 450,000 people suffer from a stroke, and among European countries, Russia has the highest mortality rate from cerebrovascular diseases. According to the All-Russian Center for Preventive Medicine, 25% of men and 39% of women in our country die from cerebrovascular diseases. In our article, we discussed the importance of nutritional therapy in patients diagnosed with a stroke in the neurocritical care unit of the Bukhara branch of the Republican Scientific Center for Emergency Medicine. In total, 62 patients aged 45-69 years were selected for the experiment, of which 38 were men and 24 were women, changes in their general condition were observed within 14 days.

### Keywords:

Diet therapy, lethality and disability. Acute cerebrovascular accident.

Stroke is a type of acute cerebral circulation disorder (ONMK) and is characterized by a sudden (within minutes, less often - hours) appearance of focal neurological symptoms (motor, speech, sensitive, coordinating, visual and other disorders) and / or general brain disorders (depression of consciousness, headache, vomiting, etc.), which persist for more than 24 hours or lead to the death of the patient in a short period of time due to the cause of the disease. of ribovascular origin[2. 3. 5]. There are two clinical and pathogenetic forms of stroke: 1) ischemic stroke (cerebral infarction) is caused by acute focal cerebral ischemia, leading to a heart attack (zone of ischemic necrosis) of the brain; 2) hemorrhagic stroke (non-traumatic intracerebral hemorrhage) is caused by rupture of the intracerebral vessel and blood penetration into the brain parenchyma or rupture of an arterial aneurysm with subarachnoid hemorrhage. ONMK also includes transient disorders of

cerebral circulation, characterized by the sudden onset of focal neurological symptoms that develop in a patient with cardiovascular disease (arterial hypertension, atherosclerosis, atrial fibrillation, vasculitis, etc.), last several minutes, less often hours, but not more than 24 hours, and end with a complete restoration of the bunkfunctions of the brain[4. 6. 7] . Transient disorders of cerebral circulation include: 1) transient ischemic attack (TIA), which develops due to short-term local cerebral ischemia and is characterized by sudden transient neurological disorders with focal symptoms; 2) hypertensive cerebral crisis, which is a condition associated with an acute, usually significant, rise in blood pressure (BP) and accompanied by the appearance of general cerebral (less often focal) neurological symptoms, secondaryto hypertension [8. 9]. The most severe form of hypertensive crisis is acute hypertensive encephalopathy, the basis of the pathogenesis of which is cerebral edema.

Cerebral infarction, as a rule, is the result of the interaction of many etiopathogenetic factors, which can be divided into local and systemic: 1) local: morphological changes in the brachycephalic or intracerebral arteries (pathological tortuosity, etc.), atherosclerotic lesions of the vessels of the aortic arch and cerebral arteries, heart damage as a source of thromboembolic infarctions of the brain, fibromuscular dysplasia of the walls of the brachycephalic and cerebral arteries, dissection of brachycephalic arteries, vasculitis (arteritis), changes in the cervical spine with the formation of extravasals, compression of the vertebral arteries, anomalies in the structure of the vessels of the neck and brain (hypoplasia of the vertebral artery, trifurcation of the internal carotid artery), etc.; 2) systemic factors: violations of central and cerebral hemodynamics (a sharp change in blood pressure or a decrease in cardiac output, etc.), hereditary and acquired coagulopathies, polycythemia, certain forms of leukemia, hypovolemia, psycho-emotional stress / distress, etc., hypercoagulation / hyperaggregation side effects of a number of drugs (oral contraceptives, etc.). Among the main causes of intracerebral hemorrhage are the following: 1) prolonged arterial hypertension with a crisis course - the cause of more than 50% of hemorrhagic intracerebral strokes; 2) cerebral amyloid angiopathy - about 10-12%; 3) reception of anticoagulants - about 10%; 4) brain tumors - about 8%; 5) the share of all other reasons accounts for about 20%. Spontaneous subarachnoid hemorrhage in most cases (70-85%) is caused by rupture of the sac aneurysm, the size of which can be from 2 mm to several centimeters in diameter, more often - 2-10 mm. Sac aneurysms are most often localized in the arteries of the Willis circle, and their formation seems to be due to a congenital defect of the vascular wall, usually occurring at the site of bifurcation or branching of the artery. Over time, there is a gradual increase in the size of the aneurysm, especially in a patient suffering from arterial hypertension for a long time. Approximately 30% of all aneurysms are localized on the posterior connecting artery (at the site of its departure from the internal

carotid artery), 20-25% - on the middle cerebral artery, 10-15% - on the arteries of the vertebral-basilar basin (mainly on the basilar and inferior cerebellar arteries). The main risk factor for rupture of the sacs of the cerebral aneurysm is arterial hypertension, additional - smoking and alcohol abuse. In the clinical course of a stroke, the following periods are distinguished: 1) 1-3 days - the most acute period (neuroreanimation department or intensive care unit of a hospital); 2) up to 28 days - an acute period (specialized department for the treatment of stroke in the hospital, neurorehabilitation department); 3) up to 6 months - early recovery period (outpatient treatment, active rehabilitation and drug treatment); 4) up to two years - late recovery period (outpatient treatment, secondary prevention, rehabilitation therapy); 5) after two years - a period of residual effects (outpatient treatment, secondary prevention, drug treatment, prevention of the development of vascular dementia) [1].

**Objective:** To study the importance of therapeutic nutrition in acute circulatory disorders of the brain [11. 13]

**Material va method:** For the experiment, 62 patients aged 45 to 69 years were selected, of which 38 (61.2%) men and 24 (38.8%) women. 31 (50%) the patient received nutritional therapy, and the remaining 31 (50%) did not receive nutritional therapy. 40 patients (64.5%) had a primary disease, 22 patients (35.5%) - ischemic type of acute cerebral circulation disorder.

As a material, a general analysis of blood, hemoglobin, hemotacritis, HSC, biochemical material, sheath protein, glucose, urea, creatinine, total bilirubin were examined.

**Analysis of the results:** in 28 out of 31 patients (90.32%) who received "nutritional therapy", +3-4 points on Es-hush SHKG were noted, an increase in the response of corneal and conjunctival reflexes for 14 days. Reduced the development of spastic paresis in the joints of the legs and feet with limited mobility.

In the behavior of patients, it is easy to observe an increase in the level of purposefulness and

self-care. During the clinical examination of the patient's mine, we observed an increase in the amount of hemoglobin in the mine by 15-20%, a decrease in the number of leukocytes by 10-15%, an increase in the amount of total oxygen in the mine biochemical analysis by 7-10%, a decrease in the amount of urea and creatinine in the mine by 10-15%. In 2 of the 31 patients observed for 14 days (6.45%), the above positive conditions were not present.

It can be observed that 1 out of 31 patients (3.22%) who received nutritional therapy for 14 days had urticaria, Quincke tumors and various dyspeptic changes, which to a certain extent caused the ear to worsen the patient's condition [12. 14].

**Conclusion.** Nutritional therapy in patients with ischemic type of acute circulatory disorders in the brain when monitoring their allergic condition, general blood tests, if enteral (nutritional) therapy is performed, inability to drink, the degree of disability, the ability of patients to take care of themselves will increase.

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