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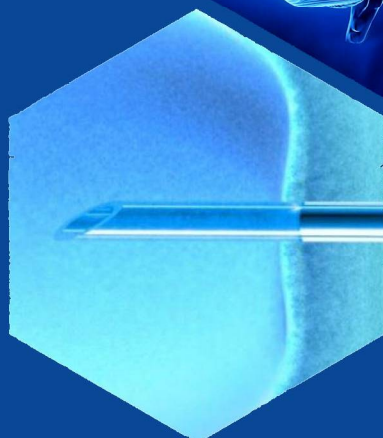
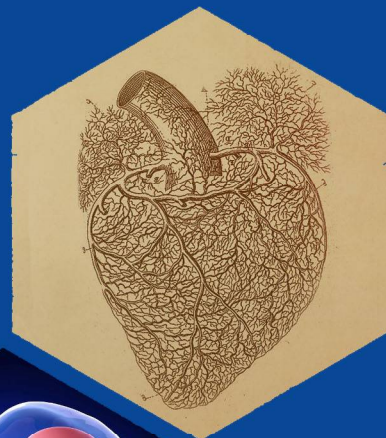
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ЎЗБЕК ТИББИЁТ ЖУРНАЛИ УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ UZBEK MEDICAL JOURNAL

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CLINICAL AND NEUROLOGICAL FEATURES IN ALZHEIMER'S DISEASE

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ABSTRACT

The article discusses the clinical and neurological features of AD. We examined 20 patients (12 women and 8 men) with Alzheimer's disease, according to the NINCDS-ADRDA criteria, aged 60 to 85 years, who were included in the main group. The comparison group consisted of 28 patients (10 men and 18 women) with stage 2-3 chronic cerebral ischemia with vascular dementia aged 62 to 90 years. The severity of cognitive impairment prevails in patients with AD than in patients with vascular dementia and correlates with the indicators of neurological disorders in the subjects.

Keywords: Alzheimer's disease; vascular dementia; neuropsychological examination.

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КЛИНИКО-НЕВРОЛОГИЧЕСКАЯ ХАРАКТЕРИСТИКА ПРИ БОЛЕЗНИ АЛЬЦГЕЙМЕРА

АННОТАЦИЯ

В статье рассмотрены клинико-неврологические особенности БА. Нами обследованы 20 больных (12 женщин и 8 мужчин) с болезнью Альцгеймера, согласно критериям NINCDS-ADRDA в возрасте от 60 до 85 лет, которые вошли в основную группу. Группу сравнения составили 28 больных (10 мужчин и 18 женщин) с хронической ишемией мозга 2-3 стадии с сосудистой деменцией в возрасте от 62 до 90 лет. Выраженность когнитивных нарушений преобладает у больных с БА, чем у больных с сосудистой деменцией и коррелирует с показателями неврологических нарушений у обследуемых.

Ключевые слова: болезнь Альцгеймера, сосудистая деменция, нейропсихологическое обследование.

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АЛЬЦГЕЙМЕР КАСАЛЛИГИДА КЛИНИК-НЕВРОЛОГИК УЗГАРИШЛАР

АННОТАЦИЯ

Маколада Альцгеймер касаллигида клиник-неврологик узгаришлар аниқланган. Альцгеймер касаллиги билан NINCDS-ADRDA га асосланиб 20та бемор (12 аёл ва 8 эркек) 60 дан 85 ёшгача текширилди ва асосий гуруҳ шакллантирилди. Солиштирма гуруҳни 28 бемор (10 эркек ва 18 аёл) 62 дан 90 ёшгача 2-3 босқич бош мияда кон айланишни сурункали бузулиши, томирли деменция билан ташкил этди. Когнитив бузулишлар Альцгеймер касаллигида устун булиб беморларда неврологик бузулишлар билан боғлиқлиги аниқланди.

Калит сузлар: Альцгеймер касаллиги, томирли деменция, нейропсихологик текширувлар.

Introduction: Alzheimer's disease (AD) is a common neurodegenerative disease, which in 50-60% of cases is the cause of progressive deterioration of cognitive functions in elderly patients associated with a mixed vascular neurodegenerative process [1,6]. AD is characterized by the onset in pre-puberty and old age, gradual progression, a disorder of memory and other cognitive functions up to the complete disintegration of intelligence [3,8]. Probably, the degenerative process begins 20-30 years before the development of clinical symptoms of AD [1,2]. The neurodegenerative process is based on the processes of amyloidogenesis, neurodegeneration and apoptosis. As the neurodegenerative process progresses, a violation of the metabolism of the amyloid precursor protein develops, which leads to the deposition of amyloid plaques in the parenchyma of the brain [2,3,4].

The AD clinic is characterized, first of all, by memory disorders for current events. At the stage of preclinical manifestations, patients have only constant mild forgetfulness and social and professional activity deteriorates slightly. Among the main symptoms of Alzheimer's disease are memory impairment, inability to concentrate, cognitive disorders, loss of orientation in time and space, loss of acquired and inability to acquire new skills, problems in self-care and communication with other people, hallucinations. Symptoms manifest themselves imperceptibly, gradually. AD usually begins unnoticed and may remain unrecognized for 10 or more years. In most cases, Alzheimer's disease occurs after 45 years, but recently doctors have noted the appearance of the disease in younger people [5,7,8,9].

Later memory disorders become more distinct, spatial and temporal orientation is disturbed. At the advanced stages of AD, independence is lost and dependence on others is formed. Behavioral disorders often develop, such as increased suspicion, aggressiveness, aimless motor activity, sleep disorders. In the last stages of the disease, patients are practically deprived of cognitive abilities, completely helpless, constantly in need of outside help. [1,2,3,10].

The study aimed to study the clinical and neurological manifestations of Alzheimer's disease.

Materials and methods: We examined 20 patients (12 women and 8 men) with Alzheimer's disease, according to the NINCDS-ADRDA criteria, aged 60 to 85 years, who were included in the main group. The comparison group consisted of 28 patients (10 men and 18 women) with stage 2-3 chronic cerebral ischemia with vascular dementia aged 62 to 90 years. The criteria for inclusion of patients in the study were complaints of cognitive impairment, up to the level of dementia.

The exclusion criteria from the study were: age less than 40, dementia of a different etiology, the presence of diseases in which cognitive disorders also develop: diabetes mellitus, epilepsy, organic diseases of the central nervous system (tumors, encephalitis, etc.), autoimmune diseases, etc.

The clinical diagnosis of Alzheimer's disease in the examined patients was made in the presence of dementia syndrome in patients, which was characterized by gradual, progressive development, with the formation of dementia with varying degrees of severity of focal cortical disorders. It should be noted that all patients with AD had a stage of moderate (70%) with late onset and severe dementia (30%) with early onset.

All patients underwent clinical and neurological examination using the pseudobulbar syndrome assessment scale, and neuropsychological examination using the mental status assessment scale - MMSE, MoCA, the state of the emotional sphere was assessed using the Hamilton Depression Assessment Scale (HDAS).

Results and discussion: Among the main complaints made by patients and their relatives were complaints of memory loss in 95% of patients in the main group and in the comparison group-in 78%, decreased mental performance, inability to execute commands and think logically in 80% of cases in the main group, in 52% of patients in the comparison group; ignorance of the names of objects in 45% and 28%, respectively, decreased concentration of attention 75% and 53%, respectively, increased fatigue, inability to follow up, decreased independence in 65% and 42%, respectively.

When studying neurological disorders in patients with AD, the age of onset of the disease and the severity of dementia, concomitant diseases and their effect on the patient's activity were considered.

In patients at the stage of severe dementia, only individual fragments of memory reserves and orientation in their own personality were preserved, mental and logical operations were impossible, there was no self-care, control over the functions of pelvic organs. Apraxia (impossibility of organized actions, rhythmic movements such as rubbing, rolling, clapping, stroking), inability to perform automated movements (change of position in space), agnosia (inability to determine the direction of the sound, speech, lack of fixation of the gaze, patients did not recognize their own reflection in the mirror), aphasia (violation of word formation, speech automatism, forced repetition of individual words, syllables, etc.) were observed. Disorders were noted in varying degrees of severity - reading, writing, counting, reaching the degree of total violation of the corresponding functions (alexia, agraphy, acalculia).

The patients of the examined groups had syndromes of nervous system damage, the severity of which depended on the degree of cognitive deficit, which corresponds to the literature data.

According to E.J. Sternberg, Parkinsonism syndrome in AD is a marker of the transition of the disease to the terminal stage. There is evidence that the development of Parkinsonism symptoms is associated with the use of neuroleptics and correlates with the severity of cognitive impairment and the duration of the disease.

In patients of the examined group with AD, in contrast to patients with vascular dementia, a combination of symptoms of hypomimia, hypokinesia without a change in tone in the muscles of the extremities, impaired walking and instability, postural, in the Romberg pose was noted in 80% of patients. The walking disorder was characterized by slowness, small steps, uncertainty when turning, while in the upper part of the trunk there were no restrictions in movements characteristic of Parkinsonism symptoms. At the same time, it should be noted that in patients with vascular dementia, motor disorders were noted in 52% of patients, which were more manifested as coordination disorders.

65% of patients in the main group had symptoms of pseudobulbar paralysis of moderate severity, expressed by frequent choking, symptoms of oral automatism, dysarthric speech and violent laughter and crying, of a paroxysmal nature. In the group of patients with vascular dementia, pseudobulbar disorders were observed in 57% and were less pronounced. In the study of the motor sphere, pyramidal symptoms were expressed by the revival of tendon reflexes, of a symmetrical nature, a positive Babinsky symptom was noted in patients of the main group with AD (75%), while anisoreflexia was noted to a greater extent in patients with vascular dementia (78%). It should be noted that patients with AD were also characterized by stereotypies (65%) in the form of palm rubbing, clapping, etc.

Epileptic seizures were observed in 4 (14%) patients with AD, which were isolated and had a generalized character.

When assessing the neuropsychological state of patients with AD and vascular dementia, signs of behavioral and psychopathological disorders were revealed in all patients with AD, and less pronounced in patients in the group with vascular dementia (42%). Psychopathological disorders such as hallucinations and delusions were characteristic of 70% of patients with AD, whereas vascular dementia in 35% was less pronounced. Anxiety, fears in behavior were characteristic of 75% of patients with AD, while they had aggressiveness, sleep and wakefulness disorders, excitability. The tendency to depression was observed in 57% of patients with AD and in 50% of patients with vascular dementia.

Psychometric assessment of the severity of cognitive disorders using a mini-mental state test and the Montreal Cognitive Function Assessment Scale showed that in patients with AD the average score was 9, and in vascular dementia 18. The average group value on the MMSE scale was 11+7 in patients with AD, whereas patients with vascular dementia 21=7 score.

Conclusions: the severity of cognitive impairment prevails in patients with AD than in patients with vascular dementia and correlates with the indicators of neurological disorders in the subjects.

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