Published: September 10, 2023 | Pages: 74-76

RISK FACTORS FOR ACUTE CEREBROVASCULAR ACCIDENTS IN ELDERLY PATIENTS

Sevara Y. Isamukhamedova

Center For The Development Of Professional Qualifications Of Medical Workers, Uzbekistan

Munisa A. Bakhadirova

Center For The Development Of Professional Qualifications Of Medical Workers, Uzbekistan

ABSTRACT: - A risk factor is a sign that precedes a disease and has an independent, stable probable connection and is important in its prognosis. A risk factor is a predictor that allows one to estimate the likelihood of a disease occurring both in an individual and in the population as a whole. Timely identification and correction of risk factors is a promising direction for the prevention of recurrent stroke. According to WHO (2013), about 300 risk factors for stroke have been described, but only those that occur with high frequency in different populations, significantly influence the development of the pathological condition and reduce morbidity during their prevention are considered significant. The combined influence of several risk factors increases the likelihood of stroke (according to WHO 2013, if 1-2 factors are present, the risk of stroke is 6%, 3 factors or more – 19%).

KEY WORDS: - Likelihood, include age, gender, heredity, ethnic, hemodynamics, comorbidities.

INTRODUCTION

Risk factors can be divided into adjustable ones, i.e. correctable and non-correctable. Non-correctable factors include age, gender, heredity, ethnic and geographical factors. Correctable diseases include diseases of addictive behavior (smoking, drug use, alcohol abuse) and underlying diseases (1.6).

The main diseases that are predictors of recurrent stroke include arterial hypertension, heart disease, diabetes mellitus, atherosclerotic stenosis of the carotid arteries, and dyslipidemia (3,4). Elderly patients tend to have several risk factors, including metabolic disorders and comorbidities.

Arterial hypertension with its characteristic metabolic disorders, changes in the vascular wall, and features of systemic and cerebral hemodynamics is one of the main risk factors for the development of not only repeated hemorrhagic, but also ischemic stroke. The prevalence of arterial hypertension in the Russian Federation is 39.2% among men and 41.1% among women. 37.1% of men and 58.9% of women are aware of their disease, of which 21.6% of men and 46.7% of women receive treatment (often insufficiently effective). According to information from the territorial population-based stroke registry for 2013, in Russia arterial hypertension is observed in 89.2% of patients with stroke.

Published: September 10, 2023 | Pages: 74-76

THE MAIN FINDINGS AND RESULTS

At a diastolic blood pressure level of 105 mm Hg. Art. The risk of stroke is 10 times higher than with a diastolic blood pressure of 76 mm Hg. Art. Thus, patients who have suffered their first cerebral stroke already belong to a very high-risk group, which leads to increased attention to the normalization of blood pressure and careful selection of antihypertensive drugs (8). However, a number of studies indicate that the proportion of patients with arterial hypertension who suffered a primary and recurrent stroke is approximately the same.

Heart disease is the cause of cardioembolic ischemic stroke and is also one of the main causes of hemodynamic stroke. The introduction into angioneurological practice of such research methods as Holter monitoring and transthoracic and then transesophageal echocardiography has made it possible to expand the list of heart diseases leading to cerebral catastrophe. And yet, in first place among the causes of the cardioembolic subtype of ischemic stroke is atrial fibrillation (atrial fibrillation). Atrial fibrillation increases the risk of stroke by 5 times and increases mortality from this disease by 1.58 times. According to the Framingham study, in the age group from 50 to 59 years, atrial fibrillation was recorded in 1.5% of patients, and in the group from 80 to 89 years – in 23.5%.

Atrial fibrillation has been shown to be an independent risk factor for recurrent stroke and risk of death among patients who survived 1 month after their first stroke. One of the reasons for the increased incidence of atrial fibrillation in old age is fibrosis and fatty infiltration of the sinoatrial node.

Hypercholesterolemia and other lipid metabolism disorders (reduced high-density lipoproteins, increased levels of low-density lipoproteins, hypertriglyceridemia) cause the development of atherosclerosis, which, along with arterial hypertension, is one of the main causes of cerebral stroke (5,8). Cholesterol levels do not directly depend on age, but increase with the development of a complex of metabolic disorders characteristic of the elderly.

The risk of developing the atherothrombotic subtype of ischemic stroke is inextricably linked with the degree of narrowing of the lumen of the cerebral arteries. With the development of carotid artery stenosis of more than 75%, the annual risk of transient ischemic attack is 13%, and of stroke - 3%, and with carotid stenosis of 70-99%, the annual risk of stroke is 5-7% per year. With age, the frequency of development of atherosclerotic occlusive lesions of several main vessels of the head increases. In patients over 65 years of age, damage to several great vessels occurs 2 times more often than damage to one (9).

CONCLUSION

Diabetes mellitus is considered an independent risk factor for ischemic stroke. Often, especially in elderly patients who have had a stroke, diabetes mellitus is not diagnosed, although it can occur in 50% of patients. The course of stroke in such patients is usually severe, since severe disorders of carbohydrate metabolism are associated with a high level of mortality and disability (5,7,8).

Published: September 10, 2023 | Pages: 74-76

According to clinical data, ischemic stroke in patients with diabetes mellitus develops 5-6 times more often than hemorrhage (5). The majority of patients with diabetes mellitus who have suffered an acute ischemic cerebrovascular accident have a non-thrombotic stroke, in the development of which the leading role is played by chronic cerebral vascular insufficiency caused by damage to the sympathetic vasomotor nerves, slowing down of oxidative processes and hypocapnia. The reasons for the development of thrombotic ischemic stroke in patients with diabetes mellitus are significant atherosclerotic changes in cerebral vessels, increased blood viscosity and disruption of its coagulation properties (inhibition of anticoagulation and activation of coagulation systems). A direct dependence of the depression of the body's protective anticoagulation reactions on the duration of diabetes mellitus, the severity and prevalence of damage to the vascular system was revealed.

REFERENCES

1. Bykova, O.N. Risk factors and prevention of ischemic stroke / O.N. Bykova, O.V. Guzev // Vestn. Ross. Military-med. acad. – 2013. – No. 4 (44). – pp. 46–48.
2. Vereshchagin, M.A. Stroke. Principles of diagnosis, treatment and prevention / M.A. Vereshchagin; edited by N.V. Vereshchagina, M.A. Piradova, Z.A. Suslina. – M.: Intermedica, 2002. – 235 p.
3. Goldobin, V.V., Atherothrombotic and lacunar strokes in elderly patients: features of clinical manifestations and platelet hemostasis / V.V. Goldobin, E.G. Klocheva, O.V. Sirotkina et al. // Scientific notes of Petrozavodsk State University. – 2013. – No. 6 (135). – P. 30–35.
4. Dudanov I.P., Atherosclerosis, diabetes mellitus and autonomous innervation of the organs of the cardiovascular system / I.P. Dudanov, P.V. Pigarevsky, D.E. Korzewski et al. // Med. acad. magazine – 2012. – T. 12, No. 2. – P. 19–27.
5. Evzelman, M.A., The course of acute ischemic stroke in patients with impaired carbohydrate metabolism / M.A. Evzelman, M.A. Makeeva // Journal. neurol. and a psychiatrist. them. S.S. Korsakov. – 2012. – No. 2. – P.64–66.
6. Elchaninov, A.P. Evidence-based medicine: stroke - epidemiology, risk factors, treatment, prevention. A manual for doctors / A.P. Elchaninov. – St. Petersburg: Phoenix, 2009 – 104 p.
7. Carrero, L. Stroke: rehabilitation program / L. Carrero - M.: Med. Lit., 2013. – 160 p.
8. Kasparov, E.V. Obesity, excess body weight and cardiovascular diseases (modern approaches to preventing urgent consequences) / E.V. Kasparov, N.G. Gogolashvili, E.I. Prakhin et al. // Doctor.Ru. – 2012. – No. 10 (78). – pp. 40–42.
9. Lipovetsky, B.M. Cerebrovascular disease from the perspective of general pathology / B.M. Lipovetsky. – St. Petersburg: SpetsLit, 2013. – 69 p.
10. Lobzin, S.V. Vertebrogenic cerebrovascular disorders. Clinical and pathogenetic variants and differentiated therapy: Abstract. dis. ... Dr. med. Sciences / S.V. Lobzin. – St. Petersburg, 2001. – 45 p.