

COMORBID BACKGROUND IN ELDERLY PATIENTS WITH VEGETATIVE DYSTONIA SYNDROME

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ABSTRACT: This article discusses the comorbid background in elderly patients with vegetative dystonia syndrome. Thus, it was found that patients with CCI with ADS had a fairly wide range of concomitant comorbid pathologies, and in women, many comorbid conditions were detected significantly more often than in males.

KEYWORDS: Autonomic dystonia syndrome, chronic cerebral ischemia, elderly people, comorbidity.

INTRODUCTION: ANS dysfunction is often associated with the development and progression of human chronic noncommunicable diseases and is a key mechanism for their onset and progression (3,4). Vegetative dystonia syndrome (VDS), as one of the manifestations of ANS imbalance, worsens the quality of life, accompanies the development of many pathological conditions, leads to disability in a person, and its contribution to the development of a lethal outcome is quite significant. Vegetative-vascular dystonia has become “younger” (1,2), thereby reducing the employable potential of societies, which is a significant social problem and determines the relevance of this work.

MATERIAL AND METHODS

The clinical part of the work was carried out in the advisory polyclinic of ASMI in the period from 2019 to 2022. 180 patients with CCI of the second stage were under observation. The

patients included 62 (37.8%) men and 118 (62.2%) women. The age of the patients ranged from 60 to 75 years, the average age was 67.4 ± 6.1 years.

Group I consisted of 118 patients (62.2% of the total number of patients) with stage 2 chronic cerebral ischemia (CCI) with ADS (42 men (35.6%) and 76 women (64.4%)), group 2 consisted 62 patients (34.4%) with stage 2 CCI without ADS (26 men (41.9%) and 36 women (58.1%)).

RESEARCH RESULTS

When studying comorbid conditions in the studied patients, those conditions were selected that directly or indirectly affect the state of cerebral hemocirculation. All these conditions in combination or in isolation (in isolated cases) were detected in the studied patients.

The assessment of the comorbid background in the examined patients in group I (with CCI with ADS) was as follows. According to the presented data, all patients had concomitant pathology, among elderly patients with ADS against the background of stage 2 CCI, in most cases (65.2%), metabolic syndrome, osteochondrosis of the cervical spine (59.9%), varicose disease of the lower extremities (57.8%), tension headache (THT) (66.4%).

In group I of patients, women had significant differences in the following indicators - metabolic syndrome, varicose veins, THT. These comorbid conditions in women were significantly more common than in men and in percentage terms amounted to 70.1%, 5.8%, and 75.5% versus 52.6%, 39.4% and 54.5%, respectively. In men, COPD was significantly more common - in 22.1% of cases compared to women (11.5%).

In group II patients (with CCI without ADS), a similar situation was observed. But in contrast to the group of patients with CCI with ADS, the percentage of occurrence of all studied comorbid conditions was significantly lower. This suggests that the comorbid background in CCI is one of the factors in the maintenance and progression of ADS, and the female gender was in a high-risk group.

Thus, it was found that patients with CCI with ADS had a fairly wide range of concomitant comorbid pathologies, and in women, many comorbid conditions were detected significantly more often than in males.

Analyzing the data obtained in a clinical study of patients, it should be noted that the majority of patients with cerebrovascular pathology have venous cerebral dysfunction. The severity of ADS in women is greater than in men. The severity of ADS is facilitated by such conditions as metabolic syndrome, THT, osteochondrosis of the cervical spine, COPD.

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