

HOUSEHOLD ADAPTATION IN THE LONG-TERM PERIOD OF TRAUMATIC INTRACRANIAL HEMATOMAS

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Abstract: The best outcomes for domestic adaptation in the long-term period were established in the group of observations with subdural hematomas. Good and satisfactory results of social adaptation were obtained in 92.6% of patients of working age, unsatisfactory - in 1% of patients. The good and often satisfactory degree of social adaptation of our patients, noted in the majority of patients, is the key to a good labor prospect.

Keywords: Cranial Brain trauma, cerebral hematomas, household adaptation

Introduction

Traumatic brain disease often leads to permanent disability and impairs the social adaptation of patients. The program of medical rehabilitation of patients with the

consequences of traumatic brain injury (TBI), especially of working age, should be selected individually, taking into account the clinical and pathomorphological characteristics (1,3).

Rehabilitation of patients with the consequences of TBI is one of the most important medical and social problems. To increase the efficiency of work on the prevention of disability in victims of TBI, continuity is required between inpatient rehabilitation centers for the disabled in the social security system with the mandatory continuation of training in household rehabilitation and occupational therapy rooms (2).

Purpose of the study: To assess social and labor adaptation in the long-term period of treatment of traumatic intracranial hematomas.

Material and research methods: The study is based on a study of 197 patients in the long-term period of traumatic intracranial hematomas. The patients underwent a complex clinical and instrumental study, which allowed judging the functional and structural and morphological changes in the brain in the long-term period of TBI.

To assess household adaptation, the scale of daily vital activity (GOCA) was used, which includes 5 classes according to the classification of the Institute of Neurology of the Russian Academy of Medical Sciences: we classified grades I and II as good household adaptation (returning to the previous job without restrictions or with restrictions, such as a decline in qualifications, a decrease in the volume and / or duration of working hours, a return to the performance of previous household duties, independence from others in everyday life); III class - to satisfactory everyday adaptation (patients can serve themselves, there is a partial dependence in daily life activity, failure to return to their previous work or to perform their previous household duties); IV and V grades - to unsatisfactory everyday adaptation (difficulties in self-service, sharp or complete dependence on others).

Research results: Household adaptation of patients with traumatic hematomas was assessed depending on the initial severity of the condition, gender, age, and localization of the hematomas. When analyzing the dependence of household adaptation on the course of hematoma in the acute period, it was found that in acute, subacute, chronic hematomas, most often the lack of proper social adaptation is observed in patients with

severe primary brain lesions. In the group of patients who were in the acute period in the phase of clinical subcompensation, good domestic adaptation was obtained in 74% of cases, satisfactory - in 20%, unsatisfactory domestic adaptation was not noted. In the group of patients in the phase of moderate decompensation - 57%, 26% and 2%, respectively, in the phase of gross decompensation - 70%, 23% and 2%, respectively, the lethal outcome was 5%, 15% and 5%, respectively. There is a statistically significant relationship between the clinical phase and the number of observations with good and satisfactory everyday adaptation. In the group of patients who were in the acute period in the clinical phase of moderate decompensation, complications developed in the early postoperative period. Household adaptation depending on the sex of patients is presented in Table 1.

Table 1

Dependence of household adaptation on the sex of patients

Household adaptation	Wom.	Men	Total
Good	22 (75%)	111 (66%)	133
Satisfactory	4 (14,5%)	41 (24%)	45
Unsatisfactory	—	2 (1,2%)	2
Death	3 (10,5%)	14 (8,3%)	17
Total:	29 (100%)	168 (100%)	197

The analysis of the results of household adaptation showed that in the group with good adaptation there was a statistically significant dependence on gender, the frequency of good results for women and for men was 75% and 66% ($p < 0.05$). 3 The dependence of household adaptation on age is presented in table 3.

Table 3

Household adaptation in the long-term period, depending on the age of patients,
abs (%)

Household adaptation	20-29 years old	30-39 years old	40-49 years old	50-59 years old	60-69 years old	Over 70 years old	Total
Good	43 (32,3%)	40 (30,0%)	29 (21,8%)	14 (10,5%)	4 (3%)	3 (2,3%)	133 (100%)
Satisfactory	15 (33,3%)	13 (29%)	10 (22,2%)	1 (2,2%)	5 (11,1%)	1 (2,2%)	45 (100%)
Unsatisfactory	1 (50%)	1 (50%)					2 (100%)
Death	3 (17,6%)	6 (35,3%)	2 (11,7%)	3 (17,6%)	3 (17,6%)		17 (100%)
Total:	62	60	41	18	12	4	197

The majority of patients - 91% (181 observations) - were under the age of 60. In the group of patients of working age, good and satisfactory household adaptation was noted in 92.6% of cases. Unsatisfactory household adaptation in patients in the group under 40, in the acute period patients with unsatisfactory household adaptation were in a prolonged unconscious state, had extra- and intracranial complications. Statistical analysis revealed the dependence of household adaptation on age in the group of patients under 50 years old.

The indicators of household adaptation in the long-term period of treatment of traumatic hematomas, taking into account their localization, are presented in table 4.

Table 4

Household adaptation depending on the type of hematoma

Household adaptation	SDH	EDG	CH	ESDG	SDH + ICH	IVG	EDG + ICH	Total
Good	7 57.0%	2 76.7%	0 0.0%	1 69.0%	75 75.0%		1 100%	33 67.0%
Satisfying	1 9 18.1%	9 2 20.0%	5 5.0%	4 25.0%	25 25.0%	1 100%		4 5 23.0%
Unsatisfied	1	1		—				2

Note: SDH - subdural hematoma, EDG - epidural hematoma, ICH - intracerebral hematoma, ESGD - epidural subdural hematoma, IVG - intraventricular hematoma.

It was found that with unsatisfactory household adaptation, hematomas were of subdural and epidural localization, 0.9% and 2.5%, respectively. The best outcomes for domestic adaptation in the long-term period were established in the group of observations with subdural hematomas ($p < 0.05$). Correlation analysis did not reveal a linear relationship between domestic adaptation in the long-term period and the localization of hematomas.

Conclusion

Good and satisfactory results of social adaptation were obtained in 92.6% of patients of working age, unsatisfactory - in 1% of patients. The good and often satisfactory degree of social adaptation of our patients, noted in the majority of patients, is the key to a good labor prospect.

References

1. Lectures on traumatic brain injury: textbook. manual / ed. V.V. Krilov. Moscow: JSC "Publishing house Medicine", 2010. P. 320.
2. Likhterman L.B., Kravchuk A.D., Okhlopkov V.A., Gavrilov A.G. The concept of differentiated treatment of severe focal lesions of the brain substance.//Consilium Medicum. - 2009. -№2. –P.67-74.
3. 3. Potapov A.A., Roshal L.M., Likhterman L.B., Kravchuk A.D. Traumatic brain injury: problems and prospects. // Problems of neurosurgery named. N.N. Burdenko . - 2009. -№2. –P.3-8.