



## Modern Interpretation Of Vascular Dementia

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### ABSTRACT

The proportion of elderly people in the total population is increasing, so that the problem of psychopathology in adulthood is becoming more and more clinical and social. It is known that this, in turn, concerns vascular dementia and the following risk factors that cause it: cardiovascular disease, arterial hypertension, stroke and diabetes are all good for older people and older people.

### Keywords:

Vascular dementia, cognitive disorders, dementia

Dementia is a progressive cognitive activity i.e. a disease caused by impaired memory, thinking, hearing, and movement, resulting in some people with this disease being unable to control their emotions and their personality may change [7, 14, 21]. Dementia is often observed as people get older (about 1/3 of all older people), but in the bulk of these older people, that is, people in their 90s can also live without signs of dementia.

It is known that in the structure of disorders that develop in old age, mental disorders that compete with cardiovascular diseases have come to the fore in recent years, forcing researchers to pay more and more attention to the clinical picture of these diseases and various research methods-neurobiology.

In recent years in adult humans, neurological disorders in combination with cardiovascular disease are at the forefront, leading to a focus on the clinical picture of the disease and various research methods. In particular, the results of postmortem morphological studies show that the death of brain neurons occurs during the aging process, sometimes reaching 32-48% at the age of 70-80 years, which can lead to a decrease in the activity of brain neurons.

Various diseases that cause brain damage and brain damage, such as Alzheimer's disease, stroke and other vascular diseases, can also lead to the development of dementia, such as alcoholism, tumors, Parkinson's disease, various forms of encephalitis, among others. Nearly 35.6 million people in the world are infected with dementia and 7.7 million new cases are reported each year [3, 6, 16, 22, 25]. This number is expected to increase to 65.7 million by 2030 and 3 times by 2050 to 115.4 million. More than half (58%) of people with dementia live in low-and middle-income countries, and by 2050 this figure could exceed 70%. In Europe, the frequency of dementia in people over 65 years of age ranges from 5.9 to 9.4% [8.28]. Currently, more than US \$ 604 billion is spent annually on the treatment and care of patients with dementia worldwide [4, 9, 15]. Dementia is one of the main causes of disability in old age.

Currently, the care of patients with dementia is associated with a number of problems, such as:

- inadequate assessment of the importance of cognitive and related disorders in old age and old age;

- low levels of awareness of dementia both among the population and in the medical community;

- underdevelopment of infrastructure and material resources-lack of epidemiological studies providing objective information about the prevalence and prevalence of dementia on a national scale for patients with dementia and non-dementia cognitive disorders in most areas;

- insufficient availability of scientific research aimed at the development of methods for the prevention, early diagnosis and treatment of cognitive disorders;

- insufficient development of an adequate state strategy aimed at supporting elderly people in general, in particular patients with dementia, as well as the absence of specialized diagnostic and treatment rooms;

It is necessary to develop a comprehensive multi-disciplinary Interdepartmental Program aimed at Timely detection, providing medical and social assistance to people with dementia and their families who care for them, as well as providing medical and social assistance to patients with cognitive disorders in order to improve their quality of life. Non-dementia forms of cognitive impairment and Prevention of their transition to dementia[5, 13, 17, 19, 29].

Symptoms and signs of dementia are a disease caused by the disruption of the interaction of neuronal cells in brain cells and the observation of these cells as a result of their death.

Clinical signs of dementia are as follows:

- Constantly looking at the face of acquaintances who have been browsing, not being able to remember it
- Memory loss and impaired thinking activity
- Facial expression fading
- Patients remain mentally and physically ungrateful
- Various disorders in speaking, explaining and expressing his opinion, reading and writing [2, 10, 20, 23].

Types according to the distribution of dementia:

- cortical - with damage to the scaly part of the Cerebral Hemispheres (Alzheimer's disease, frontotemporal Lobar degeneration, alcoholic encephalopathy);

- with damage to subcortical - subcortical structures (progressive supranuclear paralysis, Huntington's disease, Parkinson's disease, multi-infarction dementia (brain white matter damage));

- cortical-subcortical (Lewy Body Disease, corticobasal degeneration, vascular dementia);

- multifocal

Clinical manifestations of vascular dementia begin to appear,

in most cases, in the first years of the disease, patients are treated therapists or neuropathologists they complain of local headaches observed in the back of the head, in the eyeball or in the frontotemporal areas. There is noise in the ear, dizziness, rubbing on the tip of the hands or tongue. In addition, an impressive mood and tears, irritability, anxiety are observed. Symptoms similar to the established neurosis are manifested in the form of mental and physical decline, hiding with a combined asthenic physical performance, increased fatigue, negligence, general fatigue and weakness, a feeling of a "foggy head", among others [12, 26].

It is known that memory loss has also been found to occur in patients when faced with difficulty, with difficulties in remembering names, dates, phone numbers, the plot of the book read.

Neurosis is then accompanied by symptoms similar to personal changes in the form of an organic decrease in personality, a serious violation of all mental functions expressed at a moderate level. Together with the weakening of memory, difficulties in changing attention and slowing down the thought process [18, 24].

Speech can be observed with the repetition of the same disorders. Memory,

thinking, with a significant decrease in joint mental functions, becomes dementia in patients. The most characteristic and most frequent memory impairment is the main sign of dementia [11, 27].

**Conclusion:** Vascular dementia is a common neurological disease in older people, and due to the growing number of people with dementia around the world, this disease is one of the top priorities for who's work in neurology. From prevention and treatment of this disease on the basis of the studied literature is one of the current medical problems.

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