



## Features of the Clinical Course of Dementia Due to Epilepsy

Shodiyeva F. B.<sup>1</sup>

<sup>1</sup> Bukhara State Medical Institute named after Abu Ali ibn Sino

**Abstract:** Epilepsy is a chronic neurological disease that manifests itself in the predisposition of the body to the sudden onset of seizures. The onset of a single seizure characteristic of epilepsy is possible due to the specific reaction of a living organism to the processes that have occurred in it. According to modern concepts, epilepsy is a heterogeneous group of diseases, the clinic of chronic cases of which is characterized by convulsive recurrent seizures. The pathogenesis of this disease is based on paroxysmal discharges in the neurons of the brain..

In which the convulsive focus is localized in the temporal lobe. This allocation is determined by the features of clinical manifestations characteristic of the localization of the convulsive focus in the temporal lobe of the brain. Epilepsy is classified in the field of neurology, although there was a common misconception that people suffering from epilepsy should be treated by psychiatrists. It is preferable that epilepsy be diagnosed and treated by epileptologists, but in reality, since epileptologists are often not enough, often neurologists and psychiatrists are involved in the diagnosis and treatment of epilepsy, unable to navigate all the intricacies associated with this disease. In some cases, seizures complicate the course of a neurological or somatic disease or brain injury. An epileptic seizure is a transient clinical manifestation of pathological excessive or synchronous neural activity of the brain. Epileptic seizures can manifest as both motor (that is, motor) and non-motor (for example, sensory, autonomic, mental) disorders.

**dementia-** This is a disease in which the cognitive (ability to think) abilities of the patient are impaired. Dementia causes a gradual deterioration in memory, mental abilities, the ability to navigate in time and space, and the ability to recognize people and objects. In this regard, the ability to perform daily activities and contact with others also gradually decreases. Among other things, the patient suffers from confusion, anger, suspicion and even outbursts of aggression. Over time, in addition to impaired cognitive functions, physical abilities are also damaged.

Vascular dementia (which affects about 20% of people with dementia). In these cases, the disorder is caused by blockage of blood flow in the blood vessels of the brain. This blockage can be sudden, such as in the case of a stroke due to a blood clot in the brain or a cerebral hemorrhage, and can also cause other damage to the brain (for example, lead to paralysis); in other cases, such as repeated cases of blockage of blood flow in the small blood vessels of the brain, the deterioration may occur more gradually. You can reduce the likelihood of vascular dementia by balancing the risk factors that lead to it, such as hypertension, diabetes, excess fat in the blood, and heart disease.

**Stages of dementia** due to the gradual nature of the disease, it is customary to divide its course into several stages:

- **mild dementia:** characterized by patient autonomy. This stage lasts from two to four years, and the symptoms appear as normal signs of old age: mild memory impairment (difficulty remembering words, placing objects in the wrong place, etc.), difficulty performing complex tasks, and changes in mood (chaotic thoughts, tendency to depression, aggressiveness, etc.).
- **Moderate dementia:** the middle stage is the longest and lasts from two to ten years. It is characterized by loss of short-term memory, loss of thread of conversation and difficulty in making decisions, sleep disturbances, suspicion and delusions, and sometimes also hallucinations and aimless wandering.
- **Severe dementia:** this stage is characterized by significant difficulties in maintaining contact. Memory loss is so significant that patients hardly recognize family members, show indifference and completely lose the ability to be independent. This stage lasts from one to three years.

Until now, the question of the causes of epileptic dementia remains unresolved. It is far from always possible to establish a correspondence between the duration of the disease and the severity of epileptic dementia. According to Stauder, dementia epilepticus occurs approximately ten years ago, after 200 seizures. According to Witka, dementia in epileptics occurs after 100 seizures. Schneider believed that the cause of dementia is not so much seizures as the brain trauma that occurs with them. However, there are cases of epilepsy occurring with absences, that is, without falling and trauma to the brain, the clinical picture of which is characterized by dementia.

It can be thought that a certain role in the origin of epileptic dementia is played by metabolic disorders in the cells of the cerebral cortex, arising in connection with an epileptic seizure. In particular, epileptic seizures and post-seizure conditions are characterized by the phenomena of hypoxia of the central nervous system. This is confirmed by the data of our oximetric studies conducted during an electroconvulsive seizure in patients with schizophrenia. In all patients, according to the dynamics of oxyhemometric parameters, three stages in the change in the content of oxyhemoglobin in the blood could be distinguished. The first stage was characterized by a relatively slow decrease in the curve of the content of oxyhemoglobin in arterial blood - up to 76-84% (with a conditional initial level of 96%). Its duration (35-40 s) corresponded to the duration of tonic and clonic convulsions. In the second stage, with the cessation of convulsions, the content of oxyhemoglobin in the blood sharply decreased, the limit of the decrease was not established, since the minimum division of the scale of the oximeter we used corresponded to only 60%. This stage of acute arterial hypoxemia lasts 5–10 s. The third stage is the stage of prolonged arterial hypoxemia. Throughout the state of stupor and post-seizure sleep, a reduced oxygen content in arterial blood was recorded - an average of 78-85%. This stage of acute arterial hypoxemia lasts 5–10 s. The third stage is the stage of prolonged arterial hypoxemia. Throughout the state of stupor and post-seizure sleep, a reduced oxygen content in arterial blood was recorded - an average of 78-85%.

Dementia due to epilepsy (F02.8x2) is characterized by a progressive decrease in memory, the occurrence of other cognitive impairments (apraxia, aphasia, etc.), behavioral and psychotic disorders, impaired social and professional adaptation. Violations of thinking are represented by a change in the pace, the sequence of the process, the logical features of its construction (slowness, concreteness, thoroughness, rigidity, viscosity, reasoning). Reasoning, especially in patients with mild dementia, was distinguished by an instructive tone, with superficial, poor in content, statements timed to a specific situation. Progressive oligophasia (progressive impoverishment of vocabulary) became more pronounced as the dementia worsened. Attention dysfunction in patients with epilepsy is manifested by a decrease in the ability to maintain and concentrate attention, which is especially evident when performing appropriate tests. Memory disorders, as a rule, can be caused not only by its direct defeat, but also by the influence of other psychopathological disorders (attention, mood, the ability to comprehend what is happening around, etc.). As dementia worsens, mnemonic disturbances increase. Volitional disorders in dementia are manifested by impulsivity, tactlessness, talkativeness. For the reliability of the diagnosis, the listed signs must be observed for at least 6 months; with a

shorter follow-up, the diagnosis may be presumptive. as a rule, they can be caused not only by its direct defeat, but also by the influence of other psychopathological disorders (attention, mood, the ability to comprehend what is happening around, etc.). As dementia worsens, mnemonic disturbances increase. Volitional disorders in dementia are manifested by impulsivity, tactlessness, talkativeness. For the reliability of the diagnosis, the listed signs must be observed for at least 6 months; with a shorter follow-up, the diagnosis may be presumptive. as a rule, they can be caused not only by its direct defeat, but also by the influence of other psychopathological disorders (attention, mood, the ability to comprehend what is happening around, etc.). As dementia worsens, mnemonic disturbances increase. Volitional disorders in dementia are manifested by impulsivity, tactlessness, talkativeness. For the reliability of the diagnosis, the listed signs must be observed for at least 6 months; with a shorter follow-up, the diagnosis may be presumptive. talkativeness. For the reliability of the diagnosis, the listed signs must be observed for at least 6 months; with a shorter follow-up, the diagnosis may be presumptive. talkativeness. For the reliability of the diagnosis, the listed signs must be observed for at least 6 months; with a shorter follow-up, the diagnosis may be presumptive.

According to ICD-10, the systematics of interictal epileptic psychoses is made according to the syndromic structure.

In the presence of epileptic psychosis in the form of hallucinosis, bright visual, auditory hallucinations are noted in the form of calls by name, incomprehensible hum, sounds, voices, often condemning and imperative in nature; less often - olfactory, tactile hallucinations. A distinctive feature of hallucinations is their specific, monotonous character; against the background of clear consciousness, in a number of cases, a delusional interpretation of hallucinations was detected in the absence of dominant delusional disorders.

To diagnose a delusional (schizophrenia-like) disorder due to epilepsy, it is necessary to have delusions, clear consciousness, and in rare cases, hallucinations. In the presence of paranoid psychosis, unsystematized crazy ideas (jealousy, relationships, persecution, damage, hypochondriacal content) are noted. Crazy ideas are monothematic, ordinary, specific, without a tendency to systematization. With hallucinatory-paranoid psychosis, delusional ideas of persecution, influence, greatness with paranoid perception and interpretation of the environment are revealed. Crazy ideas are specific in content, visual, monotonous, fragmentary; true visual and auditory hallucinations, sometimes of religious content, are noted. Psychotic symptoms in epilepsy are characterized by brightness, sensual coloring. Paraphrenic psychosis implies the presence of pseudohallucinations, a symptom of openness of thoughts and other phenomena of mental automatism with a sense of mastery. A characteristic feature is the grandiosity of delusional ideas, rigidity of thought processes, lability of emotional reactions, which distinguishes epileptic psychoses from psychotic disorders of a different etiology. With a depressive psychotic disorder due to epilepsy, daily mood swings are noted with an increase in anxiety-depressive mood in the morning, restlessness, motor restlessness against the background of severe asthenia; periods of low mood, accompanied by longing, suicidal thoughts, ideas of self-blame, low value. motor restlessness against the background of severe asthenia; periods of low mood, accompanied by longing, suicidal thoughts, ideas of self-blame, low value. motor restlessness against the background of severe asthenia; periods of low mood, accompanied by longing, suicidal thoughts, ideas of self-blame, low value. When diagnosing a psychotic manic disorder (3.5%) in connection with epilepsy, periods of “rise, increased energy, burst of energy” are ascertained, euphoric; a combination of increased activity with irritability, brutality; in a number of patients, irresistible cravings for alcohol, vagrancy, arson, and sexual excesses are revealed. A distinctive feature of epileptic affective psychoses was the significant presence of dysphoric components in the structure of both depressive and manic psychoses. Catatonic psychoses (2.5%) in epilepsy are relatively rare. The clinical picture is dominated by substuporous states with negativism or passive obedience, substupor with mutism, constant stereotypical muttering or impulsive arousal. Often, catatonic disorders are manifested by puerile-foolish behavior with grimacing, stereotypes, echolalia, and “past” answers.

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