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Early Rehabilitation in the Prophylaxis of Complications of Hemorrhbgic Strokes

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Abstract: Hemorrh BG is stroke whitekir survived 75 patients. Psychological, clinical, instrumental and neuropsychological treatment Bilan-birgalikda treatment is the main group of 42 patients of erta rehabilitation, verticalization and hemorrhigic stroke surgery Control and hemorrh BG is counterintelligence control and measuring.

Keywords: ischemic stroke, verticalization, early rehabilitation

INTRODUCTION Hemorragic stroke has a poor prognosis, with a mortality rate of 50-70%. The level of dame to brain tissue, the most serious disorders of the main functions of the body are observed in wide blood vessels that affect large parts of the cortex of the cerebral hemispheres. In this case, if a person manes to survive, rehabilitation may take several years, and complete recovery may never occur. BG and the presence of co-morbidities. The older a person is, the more difficult it is for him to fight a shock, and in the presence of chronic diseases, especially the cardiovascular system, it often becomes impossible. What an attack. Repeated strokes always increase the risk of death. If an elderly person takes an average of 8 months to recover from a first stroke, it can take a year or more to rehabilitate after a second one.

Psychoemotional state of the patient. To fight such a serious disease requires a great will and desire to live, which not every patient has.

It was proved that calcium excretion from the bones increases 3 hours after the patients are immobilized, which in turn causes changes in the bones (B. Izzeky). Nowadays, in the clinics of the western countries, they try to move the patients to a vertical position even when they are in a coma. In the second half of the 20th century, a large number of research studies were conducted on the development of complications such as pneumonia, deep vein thrombosis, and pulmonary artery thrombosis, showing the harmful aspects of bed rest. It has also been found that inadequate reactions to changes in body conditions after several days of strict bed rest are observed, especially in patients with cardiovascular diseases. (Asberg K.H.).

Study objective: Study of the effectiveness of the early rehabilitation process in the prevention of somatic and neurological complications of hemorrhBGic strokes.

MATERIALS AND METHODS. Results of examination and analysis of 75 patients who were admitted and treated with the diBGnosis of acute cerebral blood circulation disorder, hemorrhBGic type in 2022-2023 in the Bukhara branch of the Republican Emergency Medical Scientific Center, emergency neurology and neuroreanimation departments, in order to solve the scientific goals and tasks envisBGed by our research work. provided. Patients who underwent early rehabilitation after hemorrh BGroup I (Basic group) (BG) consisted of 43 patients, the ratio of women to men was 1:1.2

and the aver was 56.3±4.2, Group II (respective) (RG) 32 people, the gender ratio is 1:1.4 with a predominance of women and men, and the averBGe BGe is 58.2±4.9.

Result and discussion. Subjective, objective, laboratory and instrumental examinations of patients revealed changes that occurred in various degrees in the organs and organ systems. Both groups of patients were given first aid, along with standard medical procedures, verticalization exercises and early rehabilitation measures, including psychological rehabilitation, physiotherapeutic procedures, and therapeutic exercises were recommended. The condition of the patients was evaluated with the help of somatic and neurological complications and quality of life using the NIHSS and Barthel scales on the 1-2 days, 6-7 days, 11-12 days and 17-18 days of the study.

In the main group of patients, parenchymatous hemorrhBGes accounted for 45.9%, subarachnoid hemorrhBGes for 32.5%, and subarachnoid-parenchymatous hemorrhBGes for 21.6%. The results of blood biochemical analysis in research groups are dynamically analyzed and the results before and after the study are presented.

In the research groups, acutely developed neurological deficits are pupil D=S, and anisocoria is not detected, in BG, n=1, 1.25±1.24% of patients have mydriasis.

1- table. Comparison of pathological changes in the neurological status of patients in research groups.

Indicator	Basic group (n = 43)			Control group (n=32)		
	n	%	m	n	%	m
Diplopia	3	7,0	3,9	1	3,1	3,1
Paresis of the III pair of nerves	1	2,3	2,3	0	0,0	0,0
The face is asymmetrical	18	41,9	7,5	9	28,1	7,9
Dysarthria	21	48,8	7,6	21	65,6	8,4
Aphasia	3	7,0	3,9	3	9,4	5,2
DysphBGia	10	23,3	6,4	5	15,6	6,4
Monoparesis	4	9,3	4,4	3	9,4	5,2
hemiparesis	23	53,5	7,6	21	65,6	8,4
hemilegia	16	37,2	7,4	8	25,0	7,7

Paresis of oculomotor nerves was observed in n=1, 2.3±2.3% cases in BG, and this condition was not observed in CG. Diplopia BG n=3, 7.0±3.9%, CG n=1, 3.1±3.1% is determined. DysphBGia was observed in both groups, BG n=10, 23.3±6.4% and CG n=5, 15.6±6.4%, Dysarthia BG n=21, 48.8±7.6%, CG n=21, 65.6±8.4%, with Aphasia BG n=3, 7.0±3.9% and CG, n=3, 9.4±5.2%. Central neuropathy of the facial nerve was observed in BG n=18, 41.9±7.5%, CG n=9, 28.1±7.9% cases.

Movement and sensory disorders in the research groups, based on neurological examination data, mild movement disorders were observed in monoparesis type BG n=3, 3.75±2.12, CG, n=5, 7.14±3.08%, moderate and severe movement disorders hemiparesis BG n=73, 91.25±3.16%, CG n= 62, 88.57±3.8% and hemiplegia BG n=4, 5±2.44%, CG n=3, 4, 29% of cases observed in BG patients with moderate and severe movement disorders can be explained by micro- and macroangipic complications of QD. Sensory disorders BG n=69, 86.2± 3.85% are observed in the peripheral part of all muscles. Hemihyperesthesia was observed in BG n=3, 3.75±2.12%, CG n=3, 4.3±2.42% cases**.**

2- table. Dynamics of blood biochemical analysis results in research groups.

Indicator	BG (n=43)	CG (n=32)	p
	M±m	M±m	(p>0,05)
Urea front	7,4±0,45	7,04±0,32	(p>0,01)
Urea last	6,8±0,29	6,18±0,27	(p>0,05)
Creatinine pre	98,1±4,15	97,66±3,65	(p>0,05)
Creatinine last	91,01±2,87	89,79±2,99	(p>0,001)

Glucose pre	6,3±0,39	6,23±0,27	(p>0,01)
Glucose last	8,95±0,32	5,12±0,08	(p>0,05)

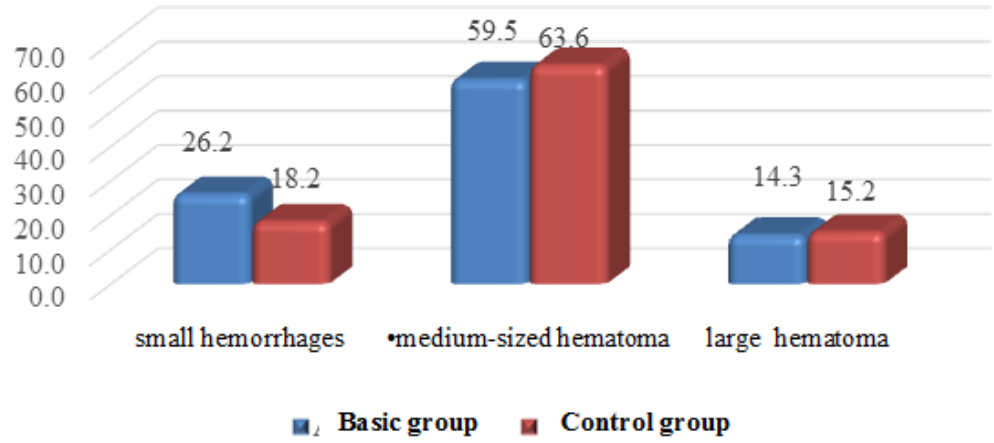
Between the main group of patients who underwent early rehabilitation measures and the patients of the comparative group, there were no sharp, significant differences in the results of blood biochemical analysis before and after the study (Table 2). In the practical recommendations as a result of the research, in order to focus the attention of neurologists and neuroreanimatologists on diabetic nephropathy, it was recommended to postpone the verticalization procedure in cases where the creatinine level in the blood is higher than 150 µ.mmol/l and to continue treatment based on the advice of a nephrologist.

Hematomas in the brain were divided into the following groups according to their size:

- Small hemorrhBGes (hematoma <20ml)
- medium-sized hematoma (hematoma 20-50 ml)
- Large hematoma (hematoma >50 ml)

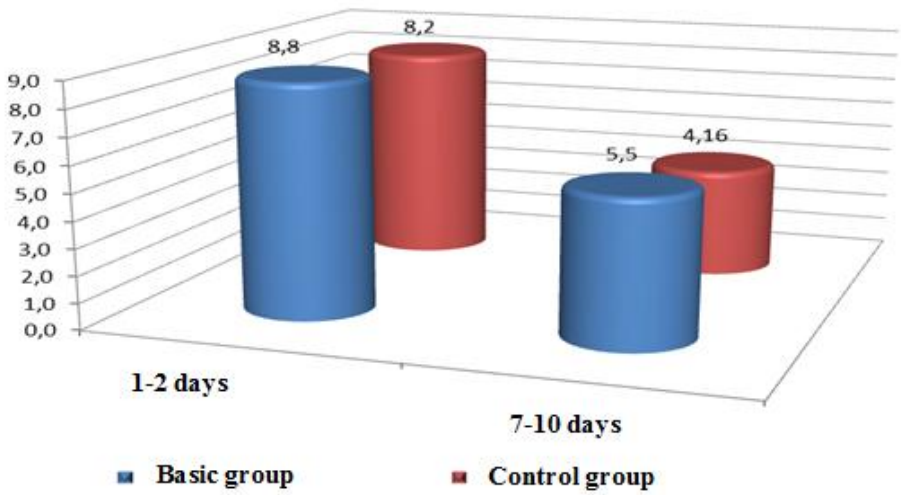
The frequency of these hematomas in the study groups is reflected in the following diBGram in terms of percentBGe.

1- figure. Meeting of research groups according to the size of hematomas (%).



In all patients, hemorrhBGic type MSCT of acute blood circulation disorder in the brain is noted. In the course of the study, it was learned that the initiation of a number of early rehabilitation measures directly depends on the laboratory indicators.

2-figure. Dynamics of averBGe indicators on the NIHSS scale.



The dynamics of complications observed in BG and CG on 1-6 days, 7-12 days and 13-18 days after observation of hemorrh BGic stroke. In the first days of the onset of the disease, the symptoms of encephalopathy predominate, and on the 13-18th day of the disease, complications of the respiratory system increase in CG compared to BG, and it is possible to observe the appearance of other complications.

With the NIHSS Scale, the patient's consciousness, vision, motor and sensory function, coordination disorders, gnosis and speech function are evaluated. The NIHSS scale was used to assess the dynamics of the patients' condition in the first and last days of hospitalization and compared between groups.

The averBGe value of NIHSS scale before the study was BG 8.8±0.36, after the study was 5.5±0.29 and CG was 8.2±0.37 before treatment and 4.16±0.29 after rehabilitation measures.

It can be observed that BG was 45.5 ± 2.24 points at the beginning of the study and improved to 69.4 ± 2.05 points at the end of the study. NG, this indicator was 55.5±2.45 at the beginning and 83.7±2.2 at the post-test. It can be observed that the ratio of neurologic deficit level was 1.22 at the beginning of the study and 1.20 at the end of the study.

CONCLUSIONS.

1. To sum up, in the acute period of hemorrhBGic stroke, a number of complications are revealed in the somatic and neurological condition of patients and in the dikamika.

2. The results of the early rehabilitation procedures were evaluated using the NIHSS and Barthel scales before and after the study and the improvement of the quality of life was studied.

3. Decrease in developed neurological deficits in the main group and less development of somatic symptoms compared to the comparison group, shows the effectiveness of early rehabilitation measures.

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