



**NEUROLOGICAL DISORDERS IN PATIENTS WITH CHRONIC KIDNEY  
DISEASE DEPENDING ON THE DEGREE OF THE DISEASE.**

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**Relevance.** Chronic kidney disease (CKD) is a global problem, and currently, diagnosis and treatment of CKD is a big problem in modern medicine. The incidence of CKD is about 15% of the total incidence in developed countries. It is believed that these complications arise for many reasons. It has been established that at stages 3-5 of CKD, deterioration in cognitive function occurs in parallel with a decrease in glomerular filtration rate and does not depend on the vascular risk factor

**The purpose of this study** was to assess the frequency, severity and nature of CI in patients with CKD at pre-dialysis stages, as well as to study clinical and neuroimaging relationships in CKD patients with CI.

**Materials and methods.** The study included 51 patients with CKD (21 men and 30 women) aged from 30 to 74 years, average age  $52 \pm 10$  years. CKD was defined as kidney damage of any etiology, accompanied by impairment of their structure and/or function for 3 months or more. CKD stages were determined according to the US National Kidney Foundation classification (NKF K/DOQI, 2002). GFR was calculated using the abbreviated MDRD (Modification of Diet in Renal Disease Study) formula. All patients were divided into 2 groups: group 1 - 20 patients with CKD stages I-II ( $GFR \geq 60$  ml/min/1.73 m<sup>2</sup>, signs of kidney damage); Group 2 - 31 patients with CKD stages III and IV ( $GFR 60-15$  ml/min/1.73 m<sup>2</sup>).

**Results.** Among all examined patients with CKD, CN was detected in 35 (68.6%). All patients with CI complained mainly of difficulties in remembering new information, forgetfulness of names, names of objects, inability to retain a plan of action in memory, remember where one or another object was placed, difficulty concentrating, finding words when speaking, and sleep disturbances. At the same time, none of the patients had significant limitations in daily activity based on the results of filling out a questionnaire by them and their relatives to assess social, instrumental activity, and the ability to self-care.

In the group of patients without chronic renal failure ( $n=20$ ), CI was noted in 7 (35%), in the group with chronic renal failure ( $n=31$ ) - in 28 (90.3%). The frequency of detection of CI in patients with chronic renal failure was statistically significantly higher than in the group without chronic renal failure. When comparing the severity of CI in 3 groups of patients with different stages of CKD, a deterioration in the results of the MMSE test, tests for the function of the frontal lobes of the brain and regulatory functions was noted as the stage of CKD increased. Depression was detected in 26 (51%) patients, of which 21 (41.2%) were mild and 5 (9.8%) were severe. Among patients with depression, CI was observed in 18 (69.2%), of which 15 (83.3%) had mild depression, and 3 (16.7%) had severe depression.





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Among 25 (49%) patients without depression, CIs were detected in 17 (68%). The incidence of CI in patients with depression was practically no different from that in patients without depression. We also did not reveal statistically significant differences in the severity of CI in the group of patients with and without depression. MRI of the brain was performed in 38 patients (8 with CKD I-II, 30 with CKD III-IV), among them CI was noted in 30.

**Conclusion.** In patients with chronic renal failure, a statistically significant increase in the frequency of developmental renal failure was revealed according to the results of the brief mental status assessment scale, a study of regulatory functions and the function of the frontal cortex compared to patients with kidney damage without chronic renal failure. The progression of CKD is associated with an increase in the severity of CI in the same cognitive areas. The main substrate of CD in CKD is chronic CVN, which is confirmed by the results of MRI of the brain.

