



EFFECTIVENESS OF GLIATILIN IN THE TREATMENT OF
ENCEPHALOPATHY IN CHRONIC KIDNEY DISEASE

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Relevance. The problem of encephalopathy in chronic kidney disease is currently the subject of research by many scientists, since it is relevant for almost all countries of the world. The prevalence of stroke and dementia continues to rise. There are currently 47.8 million people with dementia in the world. Its prevalence is expected to double every 20 years. It is estimated that by 2030 the number of patients with dementia will increase to 75 million, and by 2050 to 131 million; of these, 70% will be from low- and middle-income countries.

The purpose of this study To analyze the therapeutic efficacy of Gliatilin, depending on its dose, in motor and cognitive disorders in patients with CKD.

Materials and methods. The study was conducted in a multidisciplinary Bukhara regional hospital in the department of neurology for 6 months. All patients underwent a comprehensive clinical and instrumental examination. The main group consisted of 54 patients with encephalopathy in chronic kidney disease, aged 45-70 years (mean age 61 years). Of these, 28 patients received Gliatilin 400 mg per day and 26 patients received Gliatilin 800 mg per day, but the dynamics of the disease was observed within 2 months. The control group consisted of 45 patients with encephalopathy in chronic kidney disease of the same age who received standard therapy.

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. Among 25 (49%) patients without depression, CIs were detected in 17





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(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. The use of Cerebrolysin in patients with encephalopathy in chronic kidney disease is pathogenetically justified and is expressed as a dynamic effect in the shortest possible time of treatment. Gliatilin in doses of 800 mg a positive effect on intellectual-mnemonic disorders, significantly affects the dynamic indicators of the cognitive sphere (memory, perception, mental performance, etc.).

