

## CLINICAL FEATURES OF VASCULAR DEPRESSION IN ELDERLY PATIENTS

*Shadmanova L. Sh.*

*Tashkent Medical Academy, Uzbekistan*

**Abstract:** The combination of depression and vascular-organic disorders in elderly patients is predetermined, on the one hand, by the high frequency of both forms of pathology and the inevitable probability of their combination in the same patients. In addition, the literature currently discusses the pathogenetic relationship between late-aged depression and vascular brain diseases (1-7).

**Key words:** psychoorganic disorders of depression in elderly patients with vascular diseases of the brain.

### **The aim of the research is:**

To study the influence of vascular psychoorganic disorders on depressive disorders in patients of late age.

### **Materials and Methods**

The main group of patients studied consisted of 73 patients with a combination of depression and psychoorganic syndrome of vascular origin. Patients aged 70-79 years (mean age -  $71.06 \pm 1.09$  years) predominated. At the same time, women made up the majority of the observations studied (79.61%). The inclusion criteria for patients in this sample were the presence of signs of a moderately pronounced depressive episode in the structure of recurrent depressive disorder (from 15 to 27 points on the Hamiltonian Depression Scale), corresponding to the criteria of the F 33 rubric within the framework of the current ICB-10 classification (Popov Yu.V., Vid V.D., 2000), along with symptoms of psychoorganic disorders of vascular origin, which did not reach the level of dementia (24-27 points according to MMSE) according to the criteria. The study was conducted using the following main methods: 1) clinical-psychopathological; 2) Hamilton Depression Scales (Hamilton M.A., 1960); 3) SCAG scales for assessing the mental state of elderly patients (Shader R.L. et al., 1974; Venn R.D., 1983); 4) MMSE cognitive function test (Folstein M.F., Folstein S.E., Hugh P.R., 1975);

### **Results and discussion**

The family burdened by suicide was 4.85% (5 people), alcoholism - 11.65% (12 people), nervous diseases - 1.94% (2 people). Higher figures were obtained for the following indicators: diabetes mellitus - 13.59% (14 people), thyroid diseases - 9.71% (10 people). The malignant tumor process was observed in 27,19% of cases (28 people). The highest figures are obtained from the data of vascular pathology. Thus, the hereditary severity of cerebrovascular disorders reached 35.92% (37 people), cerebral circulation disorders were found in all patients of the main group by the time of current exacerbation of depression. This pathology was the basis for inclusion of patients in this group, based on the criteria of the international classification of diseases in the diagnosis of vascular-organic syndrome. The treatment included the use of medications and psychocorrective actions. The vast majority of the patients examined received antidepressant therapy (152 people - 98.70%). At the same time, in the vast majority of observations, treatment was carried out with drugs with a favorable tolerance and safety profile - in 18.44% of cases, COPD was prescribed (centraline

(asentra), paxyl, fluvoxamine (fevarine), fluoxetine), in 13.59% - serotonin reuptake inhibitor/serotonin antagonist - trazodone (trittico), in 10.68% - serotonin reuptake inhibitors and noradrenaline reuptake inhibitors - venlaxin (venvenlax). In the course of pharmacotherapy, all the examined patients received the correctors of cerebrovascular disorders - cynnaryzine, vinpocetin (cavinton), nitergolin (sermione), penthoxyfylline (trental). In addition, nootropics (neurometabolic stimulators) were used. They were used in 81.55% of cases. They included GABA-ergic drugs (phenibut, pantogam) and cholinergic drugs - choline alfoscerate (gliatilin), axamone (ipidakrin), galantamine (reminil), rivastigmine (exelon), polypeptides (cortexin, cerebrolysin), pyrrolidone pro-derivative (piracetam), glutamate receptor blocker КМОА-мылдронате (acatinola menthin), anti-oxidant, stimulators, primarily vitamins. This was due to the late age of the patients included in the study, especially the positive effect of these drugs on cerebral metabolism.

## Conclusions

1. Under the influence of a factor of vascular origin of psychoorganic disorders, the immediate prognosis of the therapeutic dynamics of elderly patients with depression deteriorates. Unfavorable predictors in this regard are mainly indicators that reflect the severity of both vascular pathology and the phenomenology of depression itself.
2. The improvement in treatment outcomes in patients with depression and psychoorganic changes is due to the use of drugs possessing neurometabolic properties. At the same time, even with significant caution in conducting psycho-pharmacotherapy in late-age depression, the presence of vascular organic cerebral changes increases the risk of side effects, especially in the form of hyperpession.

## Литература

1. Авдеева Т. И. и др. Депрессивные расстройства у больных пожилого возраста: возможность психометрической оценки с применением шкалы оценки депрессии Монтгомери-Асберга //Журнал неврологии и психиатрии им. СС Корсакова. - 2012. - Т. 112. - №. 8. - С. 56-62.
2. Андрушкявичус С. И. Хронобиологические особенности динамики депрессий в аспекте их прогностической и терапевтической значимости (клиникопсихопатологическое и клинико-нейрофизиологическое исследование): Автореф. дисс. докт. мед. наук - М 2011, с.44.
3. Вознесенская Т. Г. Депрессия при сосудистых заболеваниях головного мозга //Медицинский совет. - 2012. - №. 4. - С. 12-16.
4. Гаврилова С.И. Фармакотерапия болезни Альцгеймера. М: Пульс 2003. - 319с.
5. Гаврилова С. И. Руководство по гериатрической психиатрии //М.: Пульс. - 2011. 380 с.
6. Гаврилова С. И. и др. Оптимизация антидепрессивной терапии в условиях геронтопсихиатрического стационара //Журнал неврологии и психиатрии им. СС Корсакова. - 2015. - Т. 115. - №. 6. - С. 24-32.
7. Давыдовская М. В. и др. Соотношение посттравматических стрессовых и экзогенно-органических психических расстройств //Журнал неврологии и психиатрии им. СС Корсакова. - 2010. - Т. 110. - №. 11. - С. 63-70.
8. Дамулин И. В. Падения: основные причины и тактика ведения больных //Неврология и ревматология. Приложение к журналу Consilium Medicum. - 2012. - №. 1. - С. 68-69.
9. Иванец Н. Н., Авдеева Т. И., Кинкулькина М. А. Аффективные расстройства психотического уровня в пожилом возрасте:клинико психопатологическая структура и эффективность психофармакотерапии //Российский психиатрический журнал. - 2011. - №. 6. - С. 61-70.
10. Иванец Н.Н., Авдеева Т.И., Кинкулькина М.А. Аффективные расстройства позднего возраста.

Новые возможности психометрической оценки, диагностики и терапии. М., МЕДПРАКТИКА-М, 2014. 548с.

11. Калын Я. Б., С. И. Гаврилова, Т. П. Сафарова и др. Новые возможности оптимизации терапии депрессий в геронтопсихиатрической практике //Фарматека. - 2016. - №. S4. - С. 46-54.
12. Читлова В. В. Тревожные депрессии: аспекты психопатологии и терапии //Психиатрия и психофармакотерапия. - 2012. - Т. 14. - №. 4. - С. 27-33.
13. Яковлева О. Б., Федоров В. В., Ряховский В. В. Исходы депрессий в позднем возрасте // Психиатрия, 2011, №2 (50), с.5-13.