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FEATURES OF EPILEPSY IN DIFFERENT AGE GROUPS IN THE BUKHARA REGION

Edgorov Zhasurbek Juraevich

Student of Bukhara State Medical Institute, Bukhara, Uzbekistan

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Abstract

This article presents the results of observation of 632 patients with epilepsy in the Bukhara region. There were 335 (53%) males and 298 (47%) females. To determine the diagnosis, the classification of epilepsy and epileptic syndromes was used. In a smaller group, epilepsy remission is often achieved, in rare cases absolute resistance is observed, with the exception of early childhood with catastrophic epilepsy and epileptic syndrome.

In the larger ORS group, the number of remissions is less, patients with relative and absolute resistance and less frequent seizures are significantly more. In younger patients, epilepsy is "untreated epilepsy", while mature epilepsy ("late epilepsy") should be considered as "involution epilepsy of the brain".

Relevance. Epilepsy is a disease that is detected in patients of any age. The degree of the disease varies significantly in different age groups: in early childhood, these indicators are higher, in older age they are lower, the second increase in morbidity is observed after 50 years [1]. In recent years, there has been a decrease in the number of children with epilepsy and a significant increase in the number of adults suffering from epilepsy, which is associated with a change in the composition of the population [2]. More than 50 years ago, the concept of "late epilepsy" (epilepsy tarda) was defined, but its boundaries are still not clearly defined. According to some data, "late" epilepsy occurs after 45-50 years, according to others - after 30 and even 20 years [3-5].

All known risk factors for the development of epilepsy are ome (brain trauma-KMT, stroke, dementia, hypertension, infectious diseases of the nervous system), which significantly affect the onset of the disease after expulsion, Esh: after 30 years, with epilepsy every 10 years of age, the incidence increases by 1.3 times [6]. It is necessary to distinguish between epilepsy - "epilepsy of elderly people", which initially appeared in people older than 55, 60 or 65 years-and epilepsy - "epilepsy of elderly people", which was diagnosed before this age (in patients older than 7 years). Dynamics in the course of the disease are noted: the clinical picture of epilepsy is different, the electroencephalogram (EEG) changes, cognitive dysfunction is determined, etc. [8].Over time, changing the clinical picture of epilepsy may require the development of a prognosis of the disease, resistance to antiepileptic therapy, as well as correction of cognitive functions, so the study of Esh-related evolyusia and epilepsy transformation is an urgent problem of epilepsy and an important biological problem [9].

The aim of the study is to determine the forms in different epiphyses epilepsy surgery and to optimize patient management and disease prediction based on the mathematical model of different epiphyses epilepsy pathogenesis.

Research material and methods. It is based on the results of the follow-up of 632 patients with epilepsy who were examined at Bukhara Regional Psychiatric Hospital for 2019-2021 years.

We determined the criteria for the study sample:

1) many in the field of epilepsy

it should include a group of patients who meet the main menstrual periods, which are reflected in epidemiological and clinical studies: children Yeshi-it is desirable to distinguish early childhood (from 1 Yeshi to 3 Yeshi), children (including puberty) and ospirin (up to 20 Yeshi); Yesh (up to 30 Yeshi); mature (up to 60 Yeshi) and elderly (older than 60 Yeshi).;

2) the history of epilepsy should be at least a year from the moment of the debut;

3) treatment tactics should ensure a reasonable appointment against seizures (with a sufficiently selected and satisfactory drug lifting).

Among the patients were 337 (53%) male and 298 (47%) aele. The classification of epilepsy and epileptic syndromes was used to determine the diagnosis (New Delhi, 1989). Examination of patients was carried out according to generally accepted methods. Obstetrics and family history, history of the disease, complete retrospective analysis of the first attack period, causative factors, effectiveness and resistance of therapy, as well as changes in seizures in patients with a long history have been fully studied.The neurological status of each patient was assessed and internal organs were examined by systems.To clarify the form of epilepsy, functional diagnostic methods were used: regular EEG imaging and video EEG monitoring (VEM), continuous latent visual caller potentials examination (DLVCHP) and neurovisual examinations - computer tomography (CT) and magnetic resonance imaging (MRT) of the brain.Statistical data of Keith Islash, a medical-biological researcher, as well as Ellie Baklan methodically, Shu Zhumladan proportionally statikadan, an independent group of analysts noparametric analysis (Mann-Whitney u-criterion and ANOVA), parametrization analysis (Spearman's method) and discriminant analysis of Foidaldan Foidaldal-Holda Amalda Amaldi Amali.The degree of reliability was determined at $r<0,05$ when comparing independent groups with non-parametric methods. The initial grouping of properties was carried out in the cluster analysis zone with the weighted centroid method (mediana) zone by determining the square Euclidean distance and the K-mean method. In order to create a mathematical model that allows us to predict epilepsy remission, we analyzed omillarni on the basic component method and logistic regression functions. The quality of the model was assessed using Roc-analysis.Analysis of the results of the study, drawing up tables and diagrams was carried out on a personal computer using Microsoft Excel / XR, Statistica/W-6.0 RUS i SPSS 16.0 programs. All values were transferred to the values received in si units. Statistical analysis is based on data from clinical, electroencephalographic, neuroradiological studies. Results and discussion. The ratio of idiopathic, symptomatic and cryptogen forms of epilepsy was significantly different in different groups of patients.Almost all those who were diagnosed with idiopathic epilepsy were seven or more mature (in cases of prolonged course of the disease). A significant increase in the number of symptomatic forms of epilepsy was noted by adults and increased in elderly patients. Risk factors for symptomatic epilepsy in each group of patients had their own characteristics. At a young age (up to 20 years and 20-30 years), perinatal lesions of the central nervous system prevailed. In adulthood, traumatic epilepsy and increased brain tumor. Symptomatic epilepsy in the elderly developed against the background of cerebral atrophic jaundice, in the period of recovery of acute violations of blood circulation in the brain (MCAOB), with a brain tumor. Features of epilepsy in childhood, adolescence and adolescence.In childhood, infertility and impotence, the variants of epilepsy are diverse. The appearance of the disease in childhood and adolescence depends on many factors. The most important thing is the constant

morphological and functional development of the brain, puberty, emotional and volitional characteristics of this EP group. According to our data, in the same group, idiopathic general cases of epilepsy (29.6%) of juvenile children are observed.The most common variant of idiotic general epilepsy is e mioclonic epilepsy (Yans form) - 45,4%; with isolated general tonic - clonic seizures, the rate of epilepsy is 35,9%; ospirin asbsans epilepsy-12,6%. In patients with symptomatic and cryptic forms of epilepsy, the disease becomes much more complicated. In the symptomatic epilepsy group, the number of patients who achieved remission is only 6.8%, and in 9.2% of cases absolute, relative resistance is observed at 12.3%. Cryptogen epilepsy is much better than symptomatic.Among the causes of symptomatic epilepsy, the leading place is occupied by perinatal lesions (43,0%), rarely brain development abnormalities and congenital defects (18,7%), GMT (12,4%). Parsial attacks in symptomatic and cryptic forms of epilepsy in 50-60 percent of patients - chakka, 20-30 percent-forehead parsial attacks ucraydi. Secondary generalization of attacks in patients up to 20 years of age three cases of parsial attacks 72.5-76.7% and 82.8-86.95% of patients over 20 years of age. The most frequent secondary common attacks are observed in temporary and multifocal (non-localised) epilepsy, slightly less often in frontal epilepsy, but, perhaps, most often, non-localised epilepsy is frontal, and there is a specific mechanism of secondary bilateral synchronization.Clinically important cognitive disorders are detected in symptomatic partial epilepsy in patients with severe perinatal brain damage and the onset of the disease in early childhood (epileptic encephalopathy). Idiopathic general epilepsy in this or that group is accompanied by a mild but specific effect on cognitive function.Thus, epilepsy in childhood, adolescence and adolescence is undoubtedly associated with the continued morphofunctional development of the brain, and the more important are the factors that damage and / or disrupt the heterochronous development of the brain, the sooner their effects are recorded. Patients with early onset epilepsy have a much more pronounced prognosis than in adolescence. In this or that group, the probability of remission in minimal structural damage to the brain is significantly higher. Features of epilepsy in mature and old age. Diagnosis of epilepsy in adults has its own characteristics. Diagnostic examination jaraène es-paroksizmal disturbance of consciousness, mobility activity, cognitive disorders can lead to the elucidation of epilepsy elucon-positive and elucon-negative. This problem is threeraydi in all groups, but this is, in our opinion, very important for a large group of members.Parsial epi-lepsia with secondary generalization is observed in adult and elderly patients without EPI [10] (in our study - up to 90,0%). The prevalence of complex partial seizures in elderly people in our observations, unlike other studies, was not so. In the absence of timely prescribed therapy, we must agree that epileptic seizures can become more complicated, and initially they can make a simple partial debut, and then proceed to a secondary generalization [11]. The secondary generalization in this Esh Group reaches 71,6%, which is less common in children and Esh men. Idiopathic general epilepsy (myoclonic epilepsy that has not reached puberty), diagnosed in the period of maturity and aging, of course, is a rare tripleraydi, but the presence of family history indicates that there are no significant changes in the MRI of the brain and regional activity in the EEG, there may be such variants of late manifestasia [5].In our study, patients with idiopathic epilepsy accounted for 2.2%. The effect of atrophic jaundice of the brain on the onset and development of epilepsy is much more significant than other damaging factors, and the increase in atrophic jaundice in the current state of resistant epilepsy can lead to an increase in alertness. the disease (a decrease and a decrease in sensitivity, a lack of secondary generalization), as well as severe atrophy can begin without significant damaging factors to epileogenesis.. The occurrence of delayed epilepsy in terms of the presence of epilepsy in the patient, an increase in the atrophy of the brain, which carries out an MRT examination, should be considered against the background of ozroq or less pronounced atrophic jaundice before the Epilepsy becomes namoèn. The results of the analysis of clinical observations made it possible to determine the etiological and clinical polymorphism of seizures in different groups of patients. The next step was to establish a model of epilepsy pathogenesis in different epochs to identify the specific features of epileptic surgery and optimize patient management and improve disease prognosis.In order to assess the course of epilepsy, the concept of the EP group is due to the fact that the rate of progression-aging of the brain is individual for each person,

and genetic, perinatal, stress, toxic, traumatic, vascular and other factors, therefore, information from all typical clinical signs and additional methods of examination, it is necessary to divide the general population into groups (clusters) In addition-to identify the most important ome in each group and create a mathematical model of the "stagnation" of the brain in the generation of epileptic attacks of various limbs. For statistical analysis, hypotheses were formulated: the developing brain has epilepsy and the aging brain has epilepsy. The presence of local structural lesions of the brain changes epileptic jaundice in childhood and old age in various possibilities.Epileogenesis in the adult brain can be formed in different ways, even in the absence of local morphological lesions. Ishlangan rebuild the database statistically. The analysis was conducted in the SPSS 16.0 shell. The described Group coincided with a normal distribution below 0,001 andcould be analyzed (Kolmogorov-Smirnov test).

The classification of Epoch periods that exist at the present time (including who, 2005) does not fully reflect the features of the formation and development of the epileptic jaraène in the brain and, in our opinion, is ultimately conditional. All clinical data obtained to confirm the hypothesis of the presence of "mature (immature, progressed) epilepsy of the brain" and "aging (involution) epilepsy of the brain" were formalized in terms of weight, taking into account the neurological status, the severity of cognitive disorders, the results of MRI of the brain, EEG, the course of the disease (including sensitivity to antiepileptic drugs and retention-analysis was performed on the product of the fixators (cluster analysis).

The analysis showed that in this classification category, the most important is the patient's age at the moment. 29 were obtained as a "threshold" between patients with epilepsy and elderly patients. Patients are divided into groups equally – corresponding ravishda49, 9 and 50.1%. In the age group, epilepsy remission was often achieved ,in rare cases absolute resistance was observed (histogram within each cluster).

In the larger EUs group, the number of remissions is less, patients with relative and absolute resistance and less frequent seizures are significantly more. Other classification indications, including the form of epilepsy as the initial parameter, the onset of the disease, the duration of the disease, the results of the EEG and the patient's EEG, confirmed that the "transition" between the two EEG groups was EEG 28 EEG. Thus, the concept of "late epilepsy", which is often discussed in the literature, can be argued about the fact that, according to our data, it has reached 29 degrees.

The data obtained allow us to confirm that resistant epilepsy, which begins at about 30 Hz, becomes an involution option and, in our opinion, should be considered as a qualitatively different jaraèn.

Conclusions. Epilepsy is a pressing problem in all age groups. According to the Bukhara Regional Psychiatric Hospital, the highest peak of the prevalence of the disease is in childhood, patients aged 30 years to 56.7%, from 50 years to 14.2%. Tiradi the morphofunctional maturity of the brain in childhood and accelerated involution changes in its old age change the course of epilepsy. Epilepsy disease of young people is an "epilepsy disease of the immature brain," and it is desirable to consider epilepsy ("late epilepsy") as "epilepsy of the involutional brain."According to the results of mathematical modeling, the EOS criterion of "late epilepsy" should be considered 29 EOS. In the age group, epilepsy remission is often achieved, in rare cases absolute resistance is observed, with the exception of early childhood with catastrophic epilepsy and epileptic syndrome. In the larger EUs group, the number of remissions is less, patients with relative and absolute resistance and less frequent seizures are significantly more. The best epilepsy is ospirin, and in patients with large OES, according to MRT data, the brain has minimal structural changes. Morphological changes detected in the brain often determine the course of resistant to epilepsy drugs, which are namoèn in childhood and old age.

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