

## COGNITIVE IMPAIRMENT IN DYSCIRCULATORY ENCEPHALOPATHY

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Dyscirculatory encephalopathy (DE) is a syndrome of chronic progressive brain damage of vascular etiology, which develops as a result of repeated acute disorders of cerebral circulation and or chronic insufficiency of blood supply to the brain [3]. According to the classification of cerebral circulatory disorders adopted in our country, DE is the main clinical form of chronic vascular cerebral insufficiency. This condition is also referred to in the literature as "chronic cerebral ischemia", "ischemic brain disease", "cerebrovascular insufficiency", etc. From our point of view, the term "dyscirculatory encephalopathy" is the most correct. It reflects the topical diagnosis (encephalopathy) and the main pathogenetic mechanism of the syndrome formation (dyscirculation, which includes both chronic ischemia and acute disorders of cerebral circulation without a stroke clinic). If the lesion of large cerebral arteries usually leads to strokes, then microangiopathy is the basis of the stroke-free formation of DE syndrome in most cases. Its most frequent causes are long-term uncontrolled hypertension or diabetes mellitus. Less often, stroke-free vascular brain damage develops as a result of vasculitis, hereditary pathology, senile amyloid angiopathy, etc. Narrowing of cerebral vessels of small caliber leads to small-sized (lacunar) cerebral infarctions, which are often formed without a stroke clinic. According to statistics, each stroke accounts for at least 1 out of two "dumb" brain infarcts. Prevalence of cognitive impairment in Dyscirculatory Encephalopathy. it is one of the main types of neurological disorders in. It is emphasized that vascular cognitive disorders, even those that do not reach the severity of dementia, develop as a result of a long course of the pathological process and mark a significant cerebrovascular lesion.

Neuropsychological analysis of the semiotics of cognitive and other neuropsychiatric disorders in Dyscirculatory Encephalopathy indicates frontal dysfunction as the leading pathophysiological mechanism of the development of these disorders. At the same time, cognitive disorders in Dyscirculatory Encephalopathy are based on a decrease in the activity of mental processes, difficulties in switching cognitive programs and insufficient control of current cognitive activity [1,2,3,4,5]. The earliest cognitive symptoms of Dyscirculatory Encephalopathy are shown in Table 2. Dyscirculatory encephalopathy is accompanied by difficulties in all cognitive spheres, but attention, intellectual operations, spatial praxis and gnosis suffer the most. Memory in most cases of Dyscirculatory Encephalopathy suffers a second time due to insufficient activity and selectivity of reproduction with relative safety of memorization and storage of information. However, in some patients with Dyscirculatory Encephalopathy and moderate cognitive impairment, a more pronounced memory disorder with signs of primary insufficiency of memorizing incoming information is determined.

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