

**PATHOGENETIC TYPES AND PRINCIPLES OF TREATMENT OF DYSCIRCULATORY ENCEPHALOPATHY****Khatamova Sarvinoz Muyitdinovna***Bukhara State Medical Institute*

De pathogenesis is caused by a lack of cerebral circulation in a relatively stable form or in the form of repeated episodes of dissirculation. As a result of pathological changes in the vascular wall, the autoregulation of cerebral circulation is disrupted, the dependence on the state of systemic hemodynamics increases. To this is added a violation of the neurogenic regulation of systemic and cerebral hemodynamics. Important in this regard is the aging process of the nervous, respiratory and cardiovascular systems, which leads to the development or exacerbation of cerebral hypoxia. Brain hypoxia itself is based on further damage to the mechanisms of autoregulation of cerebral circulation.

In old and old age, the dependence of cerebral blood flow on the state of systemic hemodynamics becomes even more important. More than half of elderly patients with heart failure have varying degrees of cognitive impairment, which often leads to disability. The severity of cognitive impairment is associated with the level of left ventricular insufficiency, and their genesis is associated with chronic cerebral hypoperfusion. Under the conditions of left ventricular pathology, blood flow from the heart decreases, and thus the level of volumetric blood flow in the main arteries of the head decreases. The main factor that determines the decrease in cerebral perfusion in most patients with heart failure is considered to be a decrease in cardiac output, and not systemic arterial hypotension. Of course, the appearance of episodes of systemic hypotension (for example, against the background of arrhythmia or an overdose of antihypertensive drugs) increases the already reduced cerebral blood flow. The occurrence of neurological disorders in patients with heart failure may be based on repeated episodes of cardioembolism, in addition to a decrease in cerebral blood flow. The cause of these emboli is systolic dysfunction of the left ventricle, which leads to an increase in diastolic volume and stagnation of blood, which contributes to the formation of blood clots (12% of patients with cardiomyopathy have blood clots in the left ventricle). It is very difficult to assess the contribution of each of these factors (decreased cerebral

perfusion or recurrent cardioembolism) to the genesis of cerebrovascular diseases in elderly patients.

One of the risk factors for the development is the pathology of the main vessels of the head. The results of a study of the state of cerebral hemodynamics using the ultrasound examination method in patients with De show that the volume of clinical neurological and neuropsychological diseases in elderly patients is associated with the severity of several vascular lesions with the development of blood flow failure in the carotid and vertebral arteries. This category of patients is characterized by an unstable course of the disease, often complicated by acute recurrent episodes of De.

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