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RESEARCH RESULTS OF CLINICAL-NEUROLOGICAL, NEUROPHYSIOLOGICAL AND NEUROPHYSIOLOGICAL CONDITION

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Annotation. Myasthenia gravis is a chronic lesion of the peripheral neuromuscular apparatus, which leads to weakness and rapid fatigue of the muscles. The disease is characterized by a chronic course, and in some cases it is favorable, and in others it is extremely aggressive, when vital functions may be disrupted. Women get sick 3 times more often than men, the average age is 20-30 years. Pregnancy is often the provoking factor.

Patients with this diagnosis should be regularly monitored by a neurologist. This will allow you to identify any abnormalities in the general condition of the body. First of all, attention is paid to the assessment of vital parameters (the functioning of the respiratory organs and the level of blood circulation), as well as the state of neuromuscular transmission. Treatment is considered effective if sustained or partial remission is achieved.

Keywords: myasthenia gravis, treatment, clinic, study.

Currently, the study of cognitive disorders in patients with myasthenia is considered relevant. While the pathological process in myasthenia is located in the neuromuscular Synapse, 60% of patients complain of difficulty concentrating, memory impairment. This in turn indicates that the pathological process is taking place in different parts of the brain [12]. Cognitive impairment accounts for 3-19% of the adult population [1,2].

Disorders in the cognitive system have been studied by many researchers. Joshi D. his research (2006) showed that intellectual disorders in patients with myasthenia were 68%, and memory disorders of varying degrees were 75%. Paul R.H. their study (2000) showed that 28 patients in the diffuse form of myasthenia had a slow response rate, lower visual and auditory memory compared to those in the control group. Eight studies aimed at assessing the cognitive status of myasthenia patients showed high incidence of metatahedral verbal reading and verbal memory disorders, while simultaneously maintaining focus, reaction rate, visual reading, and visual memory [6]. Intellectual-Mnestic in myasthenia the mechanism of development of disorders has not been fully studied. As the most basic of them, the theory of dysfunction of the basal cholinergic system of the brain is considered (Hamed S. A. et al. 2014). Kaltsatou A. research (2015) obtained data on pupillometry and neuropsychological testing of symptoms of cholinergic dysfunction in patients with myasthenia. The diameter of the ventricle depends on the degree of two muscle contractions with different innervation. The ventricular sphincter is innervated via the parasympathetic, dilator sympathetic nerve. Pupillometry is used for the purpose of comparative diagnosis of neurotranmitter system activity. As a result of the study, patients with myasthenia

were found to have an extended latency period of 21.7%. The maximum speed of blackcurrant narrowing and the maximum acceleration of blackcurrant narrowing were 33.3% and 3.3% [11.]. Memory assessment Wexler scale indicators were 41.6% compared to the control guru in patients with myasthenia, with compatibility of results with pupillometry indicating cholinergic afferentation disorders in the cranial brain. Sherifa A.H. (2014) found that the results of a study conducted by 20 patients with myasthenia present showed a low amplitude of R300 cranial invoked potentials and prolonged latency.

Currently, the effect of basal cholinergic system dysfunction on the state of cognitive activity in patients with myasthenia has been studied [7.]. Cognitive impairments can be observed in patients with myasthenia, manifested in the manner of visual - remote activity, data processing, verbal memory, visual memory impairment [2.]. The Maria Barbaris study (2020) examined the following data - verbal memory (long - term storage, release, premature recall), attention, performance in sequence. The Depression was investigated under a Beck survey. 33.3% of patients showed a deviation from the norm in two or more tests. 37.5% of patients showed impaired attention, 33.3% showed impaired verbal memory, and 29.2% showed impaired performance. Symptoms of depression showed mild depression in 4.2%, moderate depression in 25%, and severe depression in 29.2%. In patients with myasthenia attention disorders are most pronounced according to cognitive disorders other than neuropsychological ability to work [18].

There have also been a number of studies against the cholinergic hypothesis, suggesting that there is a low amount of antithelo in the spinal fluid and that differences in neuronal, neuromuscular axr structure are less plausible. According to scientists, cognitive disorders are caused by a number of nospecific factors - sleep apnea, somatic or affective disorders, depression . M.W. Nicolle et al. (2006) found in their studies that nighttime apnoe is observed during fast sleep using the polysomnography method and observed in 36% of patients with myasthenia. The effect of night apnea on cognitive activity is R. Stepansky et al. confirmed in their studies. Based on data from neuropsychological status status and polysomnography, researchers found that memory disorders exhibited high percentage indicators in those with nocturnal apnoe. M.A. Bédard et al. found that patients with obstructive nocturnal apnoe syndrome had the right connection between the frequency of nocturnal awakenings and the latency of cognitive disturbances. [15]

Affective disorders, specifically depression, are important in the development of intellectual - Mnestic disorders. Qiu L. et al. According to (2010), the prevalence of depression and airy - phobic disorders in patients with myasthenia is 58.3% and 45.3%, respectively. Depression negatively affects cognitive activity, reduces the incentive to carry out daily activities, disrupts concentration (Crocker L.D. et al., 2013). According to the monoamine theory of depression, the neurotransmitters serotonin, norepinephrine, dopamine play an important role in the formation of emotional disorders. On the basis of the formation of cognitive disorders in depression lies a decrease in the synthesis of neuromediators (Voznesenskaya T.G., 2009). Activation of the sympathoadrenal system against the background of depression leads to an increase in the output of steroid hormones, which leads to the processes of neurogenesis and neuroplasticity in the central nervous system negatively affects, age-specific atrophic changes are activated (McIntyre R.S. et al., 2013).

From the above, we can conclude that the cognitive disorders of patients with myasthenia are subject to certain laws, on the other hand, the non-existence of single thoughts indicates that it is necessary to learn more fully..

20 years ago R. Petersen proposed the" mild cognitive impeachment " (MCI; intermediate kb – O'KB) concept. The concept was originally developed for detection in the early stages of Alzheimer's disease, which was later completed [18.]. However, it should be remembered that there are also cases when cognitive activity decreased, the level of functional disorders did not allow the application of the Ukb criteria. Such patients are given the terms" early OCD"," subjective OCD"," subjective cognitive decline". In Russian literature, it is recommended to use the term" mild cognitive disorders " [9.]. Criteria for mild cognitive impairment Yaxno N.N. by (2005) the following [9.]: * Complain of decreased memory, attention, mental cocktail ability by

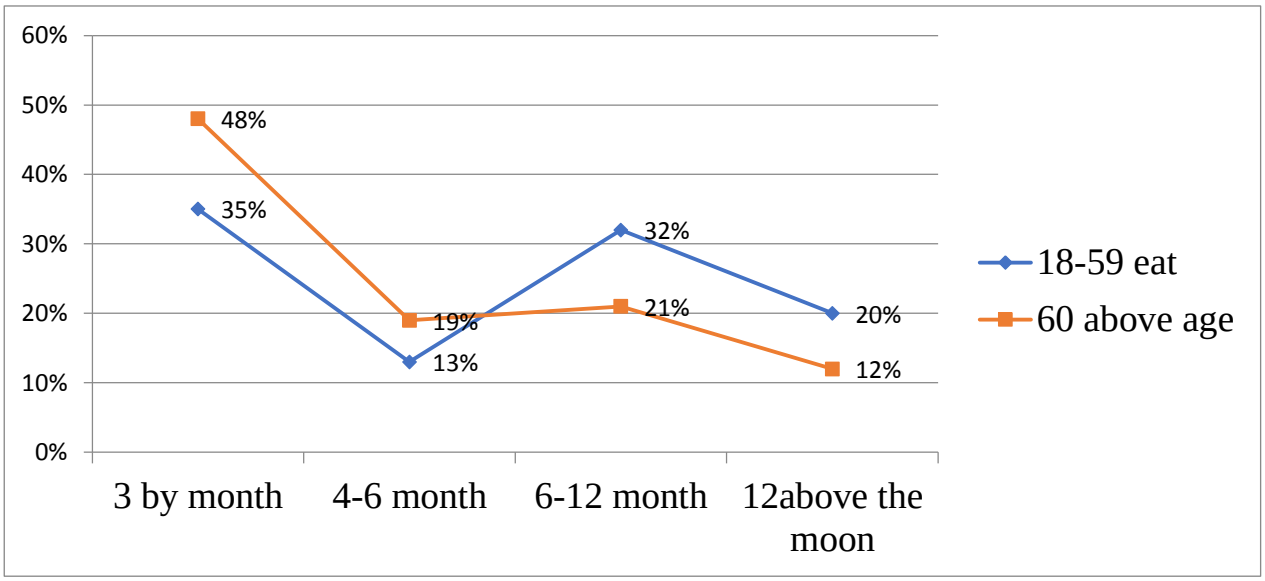
itself or after a doctor's request; • the presence of slight changes in neurodynamic characteristic cognitive activity detected by clinical and neuropsychological examinations; • absence of kb according to the results of screening scales; • absence of disorders in professional and daily activities; • OCD and absence of dementia [18.]. These criteria are limited in their ability to apply due to the inability to use simple neuropsychological scales in everyday clinical practice. In addition there is no possibility to confirm or deny the possibility of functional or organic disorders on the basis of cognitive disorders [8.]. In subjective cognitive impairment (subjective cognitive impairment, SCI), the patient complains of memory impairment, but the cognitive test result does not indicate any pathology. The term" subjective cognitive decline " (subjective cognitive decline, SCD) indicates process dynamics. The term disorder indicates that the process is going on in a chronic form. Indicates that the disease is not organic. The lack of duration of examination has not been shown, and modern neurovisual markers (neurodegenerative, inflammatory) have not been identified [17.].

The onset of the debut of myasthenia with acute underdevelopment was observed in 65 (63.7%) patients, with slow-growing stagnant signs observed without remission. The onset of the disease in a chronic form was observed in 21 (20.6%) cases, with no clear observation of clinical signs, no violation of daily activity, accompanied by remissions. Acute course of the disease was observed at 16(15.7%) with rapid development of stagnant eye and bulbar marks.

At the acute onset of the disease, eye and bulbar signs are observed in 45.5% cases. Changes in the primary skeletal muscle in the chronic form of the disease amounted to 17.8%.

A timely and correctly diagnosed diagnosis of myasthenia gravis is a prerequisite for the patient's future.The diagnosis of myasthenia in the early stages is from complex diseases, the reason for which is the onset of the disease with individual symptoms.The late diagnosis and the late onset of treatment as a result can lead to life - threatening complications-myasthenic crises.

In our study, we studied the recommendations between the first signs of the disease and diagnosis.The results of the taxile are as follows:



Statistical data on the incidence of myasthenia gravis are not provided, however, data on the incidence of myasthenia gravis is 3 times higher than in patients with myasthenia gravis by 3 times.

In some cases, patients with meningococcal infection are prescribed drugs that reduce the risk of myasthenia gravis. We hoped that these results would be achieved during the Tallinn G20 Summit.

Myasthenia gravis is present in the patient at the treatment of 6% of patients, including 2%, at the center for neurological diseases 5%, mononeuropathy, mononeuropathy mononeuropathy 14%. The following results were obtained when the erroneous and correct diagnoses made in the primary

appeal of patients with myasthenia were studied: myasthenic syndrome in 6% of patients, cranial tumor in 2%, diagnosis of inflammatory diseases of the central nervous system in 5%, diagnosis of mononeuropathy, including endocrine mononeuropathy in 14% of cases, acute circulatory disorders. These indications indicate that there is not enough knowledge of myasthenia gravis in the primary joint, as well as neurologists, doctors regarding the disease, indicates the need to improve knowledge and skills in therapists.

The result of the study showed that there is a reliable statistical correlation between patient age and additional illness. Two or more additional diseases were observed in those over 60 years of age. One additional disease was observed a lot between the ages of 18-59.

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Although side pathologies in a number of cases are age-specific, the disease that has joined the underlying disease may depend on treatment with glucocorticoids. Patients taking prednisolone had 41% hypertension, 32% thyroid disease, 5% gastrointestinal disease, and 10% diabetes mellitus, all of which began after the diagnosis of myasthenia.

We turned to different scales in order to assess cognitive and neuropsychological state. All patients were first transferred from the short scale of the assessment of psychic status, and then resorted to other scales. Data from the psychic status assessment short scale showed higher average cognitive impairment in both Guru members.

The results of the memory testing Reisberg scale are: memory disorders are not present in 5.88% of patients, subjective cognitive disorders are present in 76.5% of patients, mild cognitive disorders are present in 8.82% of patients, while secondary cognitive disorders were found in 3.92% of patients, expressed, severe and extreme cognitive disorders were not identified on this scale. Reisberg scale pointers show that subjective cognitive distortions have an affinity for correction.

All scale pointers showed nearly identical results. This means that patients with myasthenia have moderate cognitive disturbances with high excitability and require correction.

A complex clinical and neuropsychological examination was carried out in order to determine the frequency of occurrence of anxiety and depression in patients with myasthenia. In order to assess anxiety, the Spielberg-Hanin scale was used. The results of the study showed that low anxiety on “situational anxiety” was 1.96%, mild anxiety was 74.5%, and high anxiety was 23.5%. In the case of” person anxiety", 89.2% showed severe anxiety, while 3.92% showed mild anxiety. These results indicate that patients with myasthenia gravis have moderate reactive anxiety and high personality anxiety disorders. This result may be caused by anxiety caused by the exacerbation of the patient's condition and the extimulant high incidence of Myasthenic Crisis.

The fact that the percentage of anxiety constitutes high indicators indicates that tranquilizers and antidepressants should be additionally prescribed. However, in the case of myasthenia, the main importance should be focused on psychotherapy due to the fact that it is impossible to use tranquilizers and antidepressants due to the presence of the M - cholinblocker property.

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