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**IMPORTANT ISSUES OF CLINICAL AND EPIDEMIOLOGICAL  
FEATURES OF STROKE IN THE FERGANA VALLEY**

Annotation: In this article, the authors conduct an extensive review of foreign and domestic sources over the past 12 years on the problems of epidemiology and prevention of ischemic stroke. The authors of the article consider the importance of primary stroke prevention in reducing mortality and disability due to the effective impact in this regard of optimizing the system of care for patients with acute cerebral circulatory disorders (ONMC), the introduction of therapeutic and diagnostic standards for these patients, including rehabilitation measures, as well as the prevention of recurrent strokes.

**Key words:** epidemiology, acute cerebrovascular accident, causes of death, impact of public health and public health.

The European Regional Bureau of the World Health Organization (WHO) believes that the creation of a modern system of care for stroke patients will reduce mortality during the first month of the disease to 20% and ensure independence in daily life 3 months after the onset of the disease at least 70% of surviving patients. The development and implementation of uniform principles for the management of patients with ONMC should help optimize the diagnostic approach and the choice of therapeutic measures to ensure the best outcome of the disease. Further improvement of methodologies in the organization and management of stroke is a tool in reducing overall mortality from cardiovascular diseases.

Relevance: One of the main causes of death and disability of the population is acute cerebrovascular accident (ONMC). An important indicator characterizing the structure of vascular diseases of the brain is the ratio between hemorrhagic and ischemic strokes. Over the past decades, the structure of vascular diseases of the

brain has been changing due to the increase in ischemic forms. Ischemic stroke is a clinical syndrome represented by focal and/or cerebral disorders that develops suddenly due to the cessation of blood supply to a certain part of it as a result of occlusion of the arteries of the head / neck with the death of brain tissue. Stroke is the most important health problem in many countries of the world. 0.2% of the population suffers from stroke every year (2 LLC per 1 million population). Of these, a third die during the following year (4.4 million deaths), a third lose their ability to work and only a third of patients fully recover. All this affects both the socio-economic and political state of the country. Consider in economic terms: according to WHO, for the period from 2005 to 2015, the loss of GDP of the Russian Federation due to premature deaths from vascular causes amounts to 8.2 trillion rubles. Strokes account for a significant share in the structure of cardiovascular diseases. The cost of treatment of one stroke patient in Russia, including inpatient treatment, rehabilitation and secondary prevention, is 127,000 rubles per year. The total amount of direct government spending alone on the treatment of stroke patients at the rate of 450,000 new cases per year is 57.2 billion rubles per year.

In this regard, it is very relevant to objectively assess the epidemiological indicators of stroke in the country, identify trends and cause-and-effect relationships of changes in morbidity and mortality levels to reduce socio-economic damage from the consequences of stroke.

Stroke is the second most common cause of death in the world. According to WHO, the impact of healthcare on the level of public health, including morbidity, is 10%, while the contribution of medicine to reducing mortality reaches 40%.

The problem of cerebral stroke (CS) in Uzbekistan is gaining increasing medical and social significance due to the increasing prevalence of general cardiovascular pathology, an increase in the number of elderly and senile people among the population, a high level of disability of people who have suffered a stroke. Arterial hypertension (AH) and atherosclerosis are the main causes of acute disorders of cerebral circulation. If atherosclerosis is considered as an unregulated

risk factor, then the implementation of population programs to combat hypertension has a significant impact on reducing the incidence of stroke.

In Fergana Valley, ONMC is the second most common cause of death after cardiovascular pathology and ranks first among the causes of disability. An important event is timely diagnosis and provision of qualified medical care. It is necessary to ensure that the patient receives help as early as possible, no later than 6 hours from the moment of the brain catastrophe, i.e. in the "therapeutic window". Here a lot depends on the work of the medical service at the pre-hospital stage. It provides for a high level of training of ambulance doctors, district therapists and neuropathologists in diagnostics, the volume of emergency medical measures, and medical tactics for ONMC. In the system of stage-by-stage medical care for patients with ONMC, the pre-hospital stage plays an important role. Its tasks are: providing medical care, early diagnosis, fast and safe transportation of the patient to a specialized department of the hospital.

Cerebrovascular pathology, especially acute disorders of cerebral circulation, is one of the most difficult problems of medicine. In one year, about 780 thousand strokes occur in the USA, in North America as a whole (USA and Canada) - 1.2 million, in the European Union - up to 1 million, in the rest of the world - about 10 million. strokes. On average, the prevalence of strokes is approximately estimated as 200 cases per 100 thousand population annually, although it varies in different regions, depends on race and many other factors.

Equally, the manifestation of both types of stroke is influenced by factors such as nutrition, current smoking, alcoholism, oral contraceptives, stress, sedentary lifestyle. Arterial hypertension turned out to be the dominant risk factor for both types of strokes. Optimization of primary and secondary prevention of acute cerebral circulatory disorders in Fergana Valley largely depends on regional characteristics - a complex of climatic, social and ethnic factors.

Meteorological factors play a dominant role among natural and climatic factors - the sharply continental climate is characterized by dryness and abundance of heat, temperature contrasts of day and night, winter and summer. In all seasons

of the year, rapid and significant changes in air temperature, barometric pressure and the direction of movement of air masses are characteristic.

The duration of the warm period with an average daily air temperature above 0 °C ranges from 250 days in the northern part of the region to 320 days in the southern part. Summers everywhere in the region are hot, long and exceptionally dry.

The high rates of morbidity and mortality from stroke are obviously due to the insufficient level of primary and secondary prevention of the main risk factors for stroke: stenosing atherosclerosis of the extracranial brachiocephalic arteries and arterial hypertension. In recent years, a lot of work has been done to create new treatment strategies for stroke in order to increase their effectiveness.

However, the problem of stroke in Fergana Valley has not yet been completely solved. There are many unclear questions regarding primary and secondary prevention of ischemic stroke at the present stage of development of carotid surgery and angioeducology. Accurate data on stroke morbidity and mortality in some regions of the Fergana Valley have not been obtained.

Due to the obvious relevance of this problem, insufficient knowledge of not only public health and health professionals, but also narrow-profile: neurologists, psychiatrists, therapists, cardiologists, vascular surgeons, in this field of medicine; In the absence of a scientifically based regional strategy in the fight against stroke, there is an obvious urgent need to determine the true rates of morbidity and mortality from stroke in the regions of the Fergana Valley, to determine the proportion of ischemic strokes, to assess the level of surgical and drug prevention of ischemic stroke among residents of the regions, to analyze their own results of surgical treatment of stenosing atherosclerosis.

Conclusions: The scientific basis for assessing the epidemiological situation in the regions and the effectiveness of work on the prevention and treatment of ONMC is the stroke register, based on demographic indicators and the territorial principle, which also allows to assess the medical and socio-economic consequences of strokes, determine the state of the system of patient care in this

region, calculate the need for rehabilitation measures, identify the leading risk factors in various regions and develop ways to correct them.

For the purpose of early primary prevention, to continue the study of morbidity, mortality, mortality from ischemic stroke, risk factors and the frequency of prevention of stenosing atherosclerosis of brachiocephalic arteries among men and women aged 25-74 years in open populations of large cities and regions. Review the clinical and diagnostic protocols for the management of patients with atherosclerotic lesion of the aortic arch vessels. To refine the structure of the algorithm based on modern methods of minimally invasive diagnostics of pathology of the cardiovascular, nervous systems, hemostasis system. Taking into account epidemiology, to create an algorithm of a differentiated approach to the assessment of ischemic stroke and primary prevention based on a comprehensive neurological and clinical-instrumental examination of the patient's cardiovascular system and prioritization of the vascular basin.

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