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THE IMPORTANCE OF NEUROPHYSIOLOGICAL AND CLINICAL-
LABORATORY INDICATORS IN THE ASSESSMENT OF INSOMNIA DURING THE
EARLY RECOVERY PERIOD OF ACUTE ISCHEMIC STROKE

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Relevance: *In the early recovery period after acute ischemic stroke, insomnia occurs at high frequency, significantly negatively affecting the cognitive functions, emotional state and general functional recovery process of patients. Sleep-wakefulness rhythm disturbances can lead to stunted neuroplastic processes, decreased memory and attention functions, and increased depressive and anxious states. In the pathogenesis of insomnia, neurophysiological changes in the central nervous system, especially dysbalance of bioelectric activity, as well as increased activity of the hypothalamic–pituitary–adrenal (HPA) stress system, are important. In addition, the activation of inflammatory mediators and hormonal regulation disorders cause sleep architecture to be derailed. Therefore, in-depth study of insomnia based on neurophysiological and clinical-laboratory indicators is relevant for the development of early diagnostics and effective rehabilitation strategies.*

Goal: Assessment of the diagnostic significance of neurophysiological and clinical-laboratory indicators in the diagnosis of insomnia during the early recovery period of acute ischemic stroke.

Material and methods: The insomnia level was assessed using the Insomnia Severity Index and Pittsburgh Sleep Quality Index scales. Electroencephalography was used as a neurophysiological examination and sleep–wake rhythms were analyzed. As part of clinical-laboratory tests, cortisol, melatonin and inflammatory markers (IL-6, IL-1 β) were identified.

Натижалар: Ўткир ишемик инсультнинг эрта тикланиш даврида инсомния кузатилган беморларда уйқу сифатининг ишончли даражада пасайиши аниқланди. Клиник баҳолаш шкалалари натижаларига кўра, уйқу бузилишларининг ўртача ва оғир даражалари устунлик қилди. Нейрофизиологик текширувлар жараёнида электроэнцефалографияда секин тўлқинли фаолликнинг ошиши, альфа-ритмнинг дезорганизацияси ҳамда уйқу



веретеналари зичлигининг камайиши қайд этилди, бу марказий нерв тизими функционал ҳолатининг бузилишини акс эттиради.

Клиник-лаборатор таҳлилларда стресс-гормонал тизим фаоллигининг ошиши билан боғлиқ ҳолда кортизол даражасининг юқорилаши ва мелатонин секрециясининг пасайиши аниқланди. Шунингдек, яллиғланиш маркерлари (IL-6, IL-1 β)нинг ошиши инсомния оғирлик даражаси билан ўзаро боғлиқ экани кузатилди. Аниқланган ўзгаришлар уйқу бузилишларининг патогенезида нейрофизиологик ва клиник-лаборатор омилларнинг ўзаро уйғун таъсирини кўрсатди ҳамда инсомнияларни комплекс баҳолаш зарурлигини тасдиқлади.

Хулоса: Нейрофизиологик ва клиник-лаборатор кўрсаткичларнинг комплекс таҳлили инсомнияларни эрта аниқлаш, уларнинг оғирлик даражасини баҳолаш ва кейинги патогенетик коррекция чораларини режалаштиришда муҳим аҳамиятга эга.

Калит сўзлар: ишемик инсульт, инсомния, эрта тикланиш даври, ЭЭГ, стресс гормонлари, яллиғланиш маркерлари.

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