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Cognitive Disorders in Different Forms of Schizophrenia and Tactics of Differentiated Therapy

M. T. Tilavov, U. I. Kuchkorov
Bukhara State Medical Institute, Bukhara

Abstract
Features of cognitive disorders and modern methods of treatment of patients with schizophrenia is an important medical and social problem. Cognitive functions are important indicators of the state of patients with schizophrenia and predetermine the social prognosis of the disease, the degree of work and social maladjustment of patients. The study of clinical and social factors and their significance in assessing cognitive disorders, especially cognitive disorders is of great importance for determining modern methods of treatment of patients with schizophrenia. New directions of differentiated therapy and tactics have been developed for various manifestations of cognitive disorders, taking into account the dynamics of the clinical and sociological parameters of the disease.

Keywords: schizophrenia, cognitive disorders, social maladjustment, negative symptoms, treatment tactics, antipsychotics

Introduction. Today, the features of cognitive disorders and modern methods of treatment of patients with schizophrenia represent an important medical and social problem. Early detection and timely medical intervention can reduce the risk of frequent exacerbations in the future, minimize the negative consequences of psychosis [2, 5, 6]. Cognitive impairment is observed in the vast majority of patients with a first psychotic episode [5,7]...The parameters of cognitive functioning are important indicators of the level of social functioning of patients with schizophrenia, regardless of their clinical status, and determine the social prognosis of the disease, the degree of work and social maladjustment [1, 3, 6, 8]. Recently, in domestic and foreign studies, there has been an increasing interest in a deeper and more detailed study of neurocognitive deficit, in which, along with a deficit in basic cognitive functions, praxis, gnosis, thinking [4]. With

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schizophrenia,neurocognitive deficit increases to a greater extent at the initial stages of the disease, and social consequences join them. Study of these disorders, diagnosis and treatment as well,increasing the social competence of patients remains poorly understood.

Purpose of the study. Improving the quality of life of patients with schizophrenia, studying the features of cognitive disorders and developing modern methods of treatment for this category of patients.

Research objectives... Study of clinical and social factors and their significance in the assessment of cognitive disorders. To substantiate the correlation between clinical and social factors in the diagnosis of the severity of cognitive disorders. To develop new directions of differentiated therapy and tactics for various manifestations of cognitive disorders, taking into account the dynamics of the clinical and sociological parameters of the disease. Based on the results obtained, develop an algorithm for diagnosis and treatment, taking into account the severity of cognitive disorders.

Materials and research methods. The study included men and women aged 30 to 50 years with a disease duration of 10 ± 2 years or more, who met the ICD-10 diagnostic criteria for schizophrenia. Examined 199 patients with schizophrenia. The patients underwent general clinical and functional research methods. Cognitive function in patients was assessed by the Montreal scale (MMSE), which consists of 15 confirmations. For each patient, a questionnaire was filled out with the inclusion of socio-demographic indicators (gender, age, place of residence, education, marital status, employment / disability),anemnestic data.

Results and discussion. The diagnosis of patients was established according to ICD-10. Schizophrenia is continuous, episodic schizophrenia with a growing defect, episodic schizophrenia with a stable defect. The study included 199 patients, of which 70 received risperidone, 60 for quetiapine and 69 for olanzapine. The observation period was 6 months. In the main group, patients were prescribed AN (risperidone, quetiapine, olanzapine) + nootropics, in the control group, domestic antipsychotics without nootropics were prescribed. Cognitive performance was assessed at the beginning and end of the course of treatment. The dynamics of the state of cognitive functions, assessed by the performance of patients, showed an improvement in the course of therapy in both groups.

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Table 1:Assessment of cognitive function by the Montreal scale (MMSE)

Cognitive functioning	Continuous schizophrenia n = 70		Episodic schizophrenia with increasing defect n = 60		Episodic schizophrenia with a stable defect n = 69	
	Abs.	%	Abs.	%	Abs.	%
Mild cognitive impairment	29	41.5	ten	16.7	eight	11.6
Moderate cognitive impairment	19	27.1	17	28.3	fourteen	15.9
Mild dementia	12	17.1	eighteen	30.0	19	27.5
Moderate dementia	ten	14.3	15	25.0	24	34,7
Severe dementia	-	-	-	-	4	5.8

Mild cognitive impairment prevailed in patients diagnosed with continuous schizophrenia and amounted to 41.5%. Moderate cognitive impairment andmild dementia occurred in 28.3% and 30.0% of patients diagnosed with episodic schizophrenia with growingdefect, respectively. Severe cognitive impairment prevailed in 5.8% of patients diagnosed withEpisodic schizophrenia with a stable defect... The interdependence and combination of internal (pathodynamic) and external (social-environmental) influences on the formation of the severity of cognitive disorders have been established.

Changes in the total mean group score on the MMSE scale were significant in the control group by the end of the treatment compared with the initial estimate; in the main group, a significant improvement was noted after a month of therapy and persisted until the end of treatment. In 90% of patients, there was an improvement in the distribution of attention. The productivity of visual memory increased, but decreased: the volume of working memory from 7.9 to 7.3 words; stability - from 4.9 to 3.5 words with delayed reproduction, productivity of visual memory - from 5.5 to 4.4 points. At the same time, the ratio of the types of dynamics shows that for half of the subjects the level of implementation of the techniques remained the same. In the first months of risperidone therapy, statistically significant positive dynamics of most cognitive functions was found, with the exception of auditory-speech memory, neurodynamics, and voluntary regulation. which statistically significantly improved within 3 months. Non-verbal thinking improved statistically only after 5 months of risperidone therapy. A comparative analysis of the dynamics of cognitive functioning in groups depending on the course of the disease showed that in the main group, changes in the examination results at the end of the course of treatment occupy a more favorable position in relation to most indicators, and reach the degree of statistical significance.

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Table 2: Characteristics of the cognitive functioning of patients

Cognitive functioning score	Continuous schizophrenia (n = 70)			
	Main gr. (n = 40)risperidone		Control group (n = 30) haloperidol	
	Before treatment	After treatment	Before treatment	After treatment
Constructive ability	45.2 ± 17.6	59.3 ± 12.3	46.2 ± 13.6	48.5 ± 11.4
Short-term visual-motor memory	35.1 ± 10.5	58.2 ± 11.7	36.1 ± 13.0	39.7 ± 12.7
Long-term visual-motor memory	33.6 ± 11.4	57.8 ± 12.4	35.7 ± 8.8	37.3 ± 11.9
Verbal memory	34.1 ± 11.1	55.2 ± 12.1	33.9 ± 11.1	39.2 ± 12.7
Working memory	31.1 ± 12.6	56.6 ± 11.8	35.1 ± 12.2	38.8 ± 11.4
Motor skills	45.8 ± 13.4	56.3 ± 12.6	43.5 ± 11.7	46.2 ± 11.8
Speech fluency	34.2 ± 11.8	58.5 ± 14.4	33.0 ± 13.5	39.6 ± 12.8
Planning, problem-solving behavior	38.6 ± 12.5	59.7 ± 11.7	37.6 ± 14.6	38.3 ± 12.6

The impairment of cognitive disorders in schizophrenic patients depends on the clinical forms of the disease, the prevalence of negative or positive symptoms and the optimal ratio of psychopharmacotherapy. Despite the clinical stabilization of the mental state of the patients, the features of their cognitive functioning were characterized by pronounced impairments. The survey results showed that 17.8% of patients with schizophrenia had a comprehensive assessment of cognitive functioning within the normal range.

In most cases, a decrease in the rate of working capacity and skill development, as well as working, auditory-speech and visual-motor memory, was found.

Table 3: Characteristics of the cognitive functioning of patients

Cognitive functioning score	Episodic schizophrenia with progressive defect (n = 60)			
	Main gr. (n = 34)quetiapine		Control group (n = 26) haloperidol	
	Before treatment	After treatment	Before treatment	After treatment
Constructive ability	46.1 ± 17.1	54.6 ± 12.1	43.1 ± 13.0	46.5 ± 11.1
Short-term visual-motor memory	36.1 ± 7.8	56.3 ± 13.3	35.2 ± 13.6	39.4 ± 12.2
Long-term visual-motor memory	33.8 ± 11.7	55.5 ± 12.5	34.1 ± 13.0	38.3 ± 11.5
Verbal memory	36.4 ± 14.3	53.7 ± 12.5	35.7 ± 8.8	39.7 ± 10.8

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Working memory	33.8 ± 12.7	52.6 ± 11.6	34.9 ± 11.1	40.3 ± 11.7
Motor skills	41.3 ± 14.7	53.3 ± 13.2	40.1 ± 12.2	43.1 ± 11.6
Speech fluency	31.7 ± 13.9	51.5 ± 11.4	32.5 ± 11.7	36.2 ± 12.4
Planning, problem-solving behavior	32.1 ± 11.3	52.7 ± 11.3	33.0 ± 13.5	37.2 ± 12.1

Analysis of the relationship between clinical and psychopathological characteristics and features of cognitive functioning showed that in patients with more pronounced residual positive symptoms in the remission period, cognitive functioning, planning, and short-term and long-term memory were reduced to a greater extent. Most people with schizophrenia need confidence and need help and assistance from healthcare professionals, family members, and friends. The family members caring for the patient have additional daily work and psychological pain and anxiety.

When treated with atypical antipsychotic drugs with the inclusion of nootropics, the indicators of cognitive functions significantly improved, the intensity of extrapyramidal side effects of antipsychotics decreased.

Table 4: Characteristics of the cognitive functioning of patients

Cognitive functioning score	Episodic schizophrenia with stable defect (n = 69)			
	Main gr. (n = 35) olanzapine		Control group (n = 34) haloperidol	
	Before treatment	After treatment	Before treatment	After treatment
Constructive ability	42.2 ± 13.6	47.7 ± 11.2	42.8 ± 13.6	45.2 ± 11.1
Short-term visual-motor memory	41.1 ± 13.0	48.5 ± 12.1	39.1 ± 12.5	46.1 ± 11.3
Long-term visual-motor memory	40.7 ± 8.8	44.5 ± 12.4	41.3 ± 12.6	42.7 ± 11.3
Verbal memory	39.9 ± 11.1	44.6 ± 12.7	38.7 ± 13.4	37.7 ± 12.5
Working memory	40.1 ± 12.2	47.5 ± 11.3	39.5 ± 11.7	42.5 ± 12.4
Motor skills	39.5 ± 11.7	52.3 ± 11.4	40.7 ± 11.6	44.5 ± 12.1
Speech fluency	41.2 ± 13.5	47.2 ± 12.2	39.4 ± 12.2	43.0 ± 11.5
Planning, problem-solving behavior	36.6 ± 14.6	50.1 ± 11.3	37.3 ± 12.2	42.5 ± 11.2

The features of the assessment of cognitive disorders and in various clinical forms of the disease, the behavior of patients with various negative disorders were studied. Atypical antipsychotics regulate and control the state of the psyche, blocking the occurrence of psychopathological disorders. A faster and more pronounced positive dynamics of cognitive activity was observed in the main group of patients receiving combination therapy with atypical antipsychotics and nootropics. To a greater

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extent, for the development of cognitive impairment, not only the manifestation of the disease plays an important role, but also clinical and social factors. A number of characteristic features of the influence of nootropic drugs on the dynamics of cognitive deficit in schizophrenia have been found. During therapy, all cognitive parameters, motor skills, and executive function significantly changed in a positive direction.

Conclusions: Cognitive deficits are a central feature of schizophrenia, which leads to great difficulties in daily life. With the combined use of atypical antipsychotics and nootropic drugs, it has a positive effect on cognitive function and leads to significant, long-term and clinically significant improvements in cognitive functioning. Early diagnosis, treatment, family and social support of patients leads to an increase in cognitive function.

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