

DYNAMICS OF THE CONDITION OF THE QUALITY OF LIFE OF PATIENTS IN THE COMPLEX TREATMENT OF PAIN AFTER A STROKE

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Thesis

Almost half of patients who have had a stroke experience various pains, [1, 7-10] among which the actual central neuropathic pain is 8% in the post-stroke period (7,3–10,5%) [1, 11-13]. 11% of these pains are observed in those over 80 years of age [4]. Ikos are usually observed when the seaming drum is damaged, accounting for 33-60% of the total Ikos [4]. Pain is observed in a quarter of patients in Valenberg-Zakharchenko syndrome [6, 7]. In Valenberg-Zakharchenko syndrome, the stroke is located in the lateral area of the longitudinal brain and passes from this place the spino-thalamic path, this path is the sensory ascending path [4]. Ikos most often appear during the recovery period of functions from a few weeks to 6 months after a stroke [1, 4, 6]

Patients who observed post-stroke pain syndrome showed an increase in physical activity, role physical activity, pain intensity, general state of health, increased viability, social activity, role emotional activity, mental health in comparative patients when the quality of life was estimated. Due to the fact that the results obtained varied from the ratio of quality of life indicators in all subchelas to the ratio of the main group of rehabilitation measures in the patients of the main group, positive results were noted in the patients of the main group.

According to the results obtained in the study, the use of buvicaine shoulder tangle blockade and TMs for ikos turned out to be an effective method both for initial use and for repeated stimulation. The main guru showed a positive result of up to 70% in patients with standard treatment of post-stroke pain syndrome observed, with the use of buvicaine blockade and TMS in rehabilitation, while the comparative guru showed a 35% increase in medium and pronounced pain in patients who received only standard treatment. The duration of clinical exposure in the main group was 3-4 months, more pronounced with the use of TMS and medications.

Conclusion: in the two cases presented, the chronic pharmacoresistant showed significant clinical effects of high frequency rhythmic transcranial magnetic stimulation in patients with post-ICOs pain syndrome and different localization of the furnace. Based on the positive indicators of clinical-

neurological, neuropsychological, neurophysiological and neurophysiological changes as a result of treatment procedures used during the study, we recommend the following treatment algorithm in the treatment of patients with ikos present.

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