UPCOMING TECHNIQUES TO DIAGNOSTICS OF ALZHEIMER DISEASE

Maxmudova Saodat Kurbonbekovna
Pediatric faculty 5 course
Samarkand State Medical Institute.

Annotation: The article presents modern data on the causes of development, diagnostic methods and treatment approaches of Alzheimer's disease. Special attention is given to pathogenesis and symptomatic therapy of this disease, as well as non-drug treatments.

Keywords: Alzheimer's disease, etiology, pathogenesis, early diagnosis, basic symptomatic treatment, central acetyl cholinesterase inhibitors.

Alzheimer's disease is the most common cause of cognitive decline in old age. The frequency of asthma is steadily increasing, due to several reasons - the aging of the population, the spread of cardiovascular pathology, as well as some features of obtaining and assimilating information, physical and mental activity of a person in the modern world. The increase in the incidence of asthma is so high that WHO announced the 21st century. century AD epidemic.

Studies conducted to date have revealed a lot about BA. Thus, AD is a genetically determined disease, which is based on the deposition of an amyloidal protein, a toxic compound consisting of 42 amino acids and causing the death of nerve cells, in the brain substance. The main genetic defects in AD are in one way or another connected with predecessor catabolism amyloidal protein - a compound normally present in the membrane and cytoskeleton of a neuron.

A low level of education and a decrease in mental activity in the modern information space, presumably, reduce the number of interneuron interactions and synaptic cerebral connections. With the development of neurodegenerative brain damage in a patient with low cognitive activity, the cognitive reserve, that is, the number of neurons potentially capable of taking over the function of dead cells, will be less than the cognitive reserve of a patient constantly receiving intellectual loads. In this case, decomposition will occur earlier and the first symptoms of the disease will develop when the patient with a high cognitive reserve still seems healthy.

The patient should be informed about the need for adequate physical and mental stress. It is known that moderate physical activity helps to reduce the rate of AD progression; in combination with cognitive load (cognitive-motor training), along with the prevention and treatment of concomitant cardiovascular pathology, it is the main method of treating AD at the preclinical stage, the stage of mild forgetfulness, and to a large extent demonstrates its effectiveness in patients with moderate cognitive impairments. When the patient reaches dementia, cognitive-motor training should not be stopped: even with severe dementia, systematic exercises have a positive effect on the quality of life of patients, improve adaptation to everyday stress and even slightly reduce the severity of behavioral disorders. Non-drug treatments for cognitive impairment in patients with mild, moderate and severe cognitive impairments have become widespread in Europe and America, becoming a standard for the treatment of these patients.

As a result of insufficient or, conversely, excessive activation of the enzymes responsible for the catabolism of the amyloidal protein precursor, an insoluble and, as mentioned above, toxic amyloidal protein is formed instead of soluble subunits. Typical mutations that affect the formation of amyloidal protein are mutations in the gene that encodes the direct precursor of amyloidal protein BA and the genes encoding the enzymes that metabolize APP: presenilin 1, presenilin 2. Carriage of the fourth is form of apolipoprotein E is not directly related to amyloidal cascade, but, as numerous studies have shown, people with hetero- or homozygous carriage of this is form have significantly higher chances of getting AD.

Until recently, there was a hypothesis, according to which the frequency of AD development depends on age. Recent epidemiological studies "80+" and "90+" showed that the dependence of AD on age is not linear. So,

indeed, the incidence of AD increases from age 50 to 75–80 years; in people older than 80 and especially older than 90 years, the frequency of AD is, on the contrary, reduced. Thus, AD is not directly related to the natural aging of a person; Healthy longevity without loss of memory is typical of old people.

The most important moment of treatment is the psychological adaptation of patients with AD and their relatives to new living conditions and the possible further development of the disease. The appearance of depression in the patient and his caregiver is mandatory; the doctor must be warned about this, promptly identify signs of burnout or depression, provide the necessary support.

A good effect was obtained in the groups. The co-correct approach to the detection, diagnosis and treatment of AD is based on the earliest possible, preferably preclinical, identification of disease symptoms, timely pathogenesis treatment of the disease, prevention of cardiovascular pathology. Glycerophosphate, being a precursor of phospholipids of the membrane of neurons, stimulates the formation of phosphatidylcholine, which restores the phospholipids composition of the membranes of neurons and improves their plasticity 31 cognitive impairment and dementia Ienti and their careers,the correct approach to identifying, diagnosing and treating ba is based on the earliest possible, preferably preclinical, identification of the symptoms of the disease, timely pathogenetic treatment of the disease, and prevention of cardiovascular pathology. non-drug methods of treatment must be included in the treatment of patients when the patient reaches the stage of dementia, treatment should primarily be aimed at reducing the rate of progression of the disease and reducing cerebral acetylcholine deficiency: acetyl cholinesterase inhibitors as a mono-or combination therapy with chorine alfoscerate

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