

SECONDARY PREVENTION OF RECURRENT STROKES

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Abstract:

secondary prevention should be carried out in ischemic stroke – starting from 2-3 weeks of the disease. However, it is necessary to take into account the risk factors for recurrent stroke in a particular patient (hypertension, diabetes mellitus, heart disease, etc.) and the results of an examination using additional research methods.

Keywords: *stroke, prevention, outpatient stage.*

Introduction

Repeated examination of the brain is an equally important clinical task aimed at preventing circulatory disorders, but less attention is paid to it. At the same time, it was shown that in the first 2 years after the first stroke, the overall risk of recurrent stroke ranges from 4 to 14%, and that 2-3% of survivors develop recurrent ischemic stroke within the first month. in the first year - 10-16%, then - about 5% annually, which is 15 times higher than the same indicator of the total population by age and gender.

Secondary prevention should be carried out in case of ischemic stroke – starting from 2-3 weeks of the disease. At the same time, it is necessary to take into account the risk factors for the development of recurrent stroke in a particular patient (hypertension, diabetes mellitus, heart pathology, etc.) and the results of an examination using additional research methods.

Approaches to the prevention of secondary stroke:

- individual selection of a program of non-drug and drug preventive measures correction of stroke risk factors;
- a differentiated approach depending on the type and clinical variant of an earlier ischemic episode;
- antihypertensive, antithrombotic, lipid-lowering therapy, if necessary, the combined nature of therapeutic effects through surgical treatment;

- to prevent repeated disorders of cerebral circulation, effective antithrombotic therapy should be prescribed to all persons at high risk of developing cerebrovascular complications, as well as after TIA and ischemic stroke.
- to increase the effectiveness of antithrombotic therapy, it is recommended to prescribe complex treatment with drugs with different mechanisms of action.

In addition, regular courses of vascular, neurotrophic and metabolic therapy improve the well-being of patients and reduce the risk of exacerbation of cerebrovascular insufficiency.

Rehabilitation of patients with cerebral stroke is a complex of rehabilitation measures at the outpatient stage of treatment:

1. normalization of physiological functions
2. Damaged functions and improved productivity at home

An approximate set of individual gymnastic exercises for patients in the recovery period after a stroke

Examples of passive gymnastic exercises

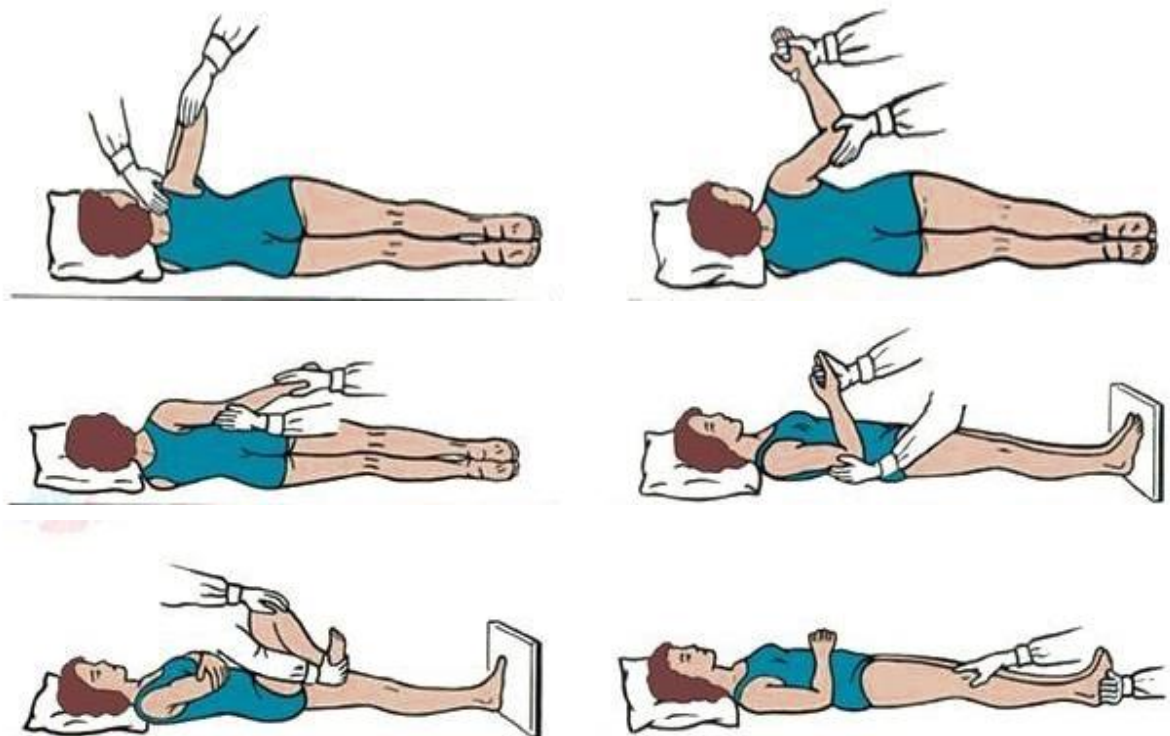


Photo -1. Exercises to restore finger mobility

Hand exercises to increase strength and agility are useful after a stroke, whether the patient has begun to re-master movements or already has a good range of hand movements. These exercises will help improve fine motor skills that have worsened after a stroke. Some exercises can be very light or, conversely, very heavy, depending on the degree of loss of fine motor skills. If there are no movements at all, they must be restored using passive movements.

In case of weakness, discomfort in the hand, maintaining the mobility of the fingers, the following exercises can be recommended (selection depending on the weight of the paresis):

- ✓ Collect scattered trifles, sort out small items such as buttons, coins, beans, matches, etc.
- ✓ Practice writing, drawing, writing.

- ✓ Tightening clothespins
- ✓ Collect nut and bolts. Collect numbers from the constructor.
- ✓ beads, knitting.
- ✓ Play checkers, chess, collect kubik-Rubik and other puzzles.
- ✓ Roll a piece of paper into a ball, then return it to the sheet.
- ✓ Spread the pencil between the thumb and other fingers of the hand.
- ✓ Fasten buttons, tie shoe ties.
- If a person cannot move his hand or fingers, the exercises should focus on stretching the painful hand with the other hand. When the paralyzed hand does not move, you can try to hold it by placing your open hand on something like a table or ball.



Photo -2. Exercises aimed at restoring hand motor skills.

RECOMMENDATIONS FOR THERAPEUTIC GYMNASTICS IN CASE OF BALANCE AND DIZZINESS

The entire course of treatment should be divided into two main periods.

The first period is preparatory, characterized mainly by the performance of general health exercises and a strictly dosed and gradual increase in special vestibular training.

The second period is a training period based on the use of vestibular training with a more active general load on the body.

In all cases, an individual approach to the patient, taking into account the features of the vestibular reaction.

Special types of physical exercises with a learning effect on the vestibular apparatus include balance training exercises: (A) in a wide support area (floor), (b) in a narrow support Area (Rail for gym).

To influence the vestibular apparatus to reduce the reactivity of the body and head to changes in the position of the body in space, movements are used in all three planes: forward tilt of the head and body, backward tilt of the head, lateral tilt of the head, tilt the body forward and turn the head, exercises with rotation of the body. Exercises are performed both while sitting or standing, and when walking.

The method of their use in patients has some distinctive features.

It is recommended to gradually but constantly complicate balance exercises, mainly with a wide support area (floor). In the early days, patients with impaired gait are offered to walk along a road up to 1 m wide. Gradually, the width of the road decreases, in the future the patient should walk in a straight line. In a straight line, The Walking elements are gradually complicated by the introduction of hand and foot movements.

With the development of relative stability, the patient must close his eyes and walk in a straight line. First, the eyes are closed at a distance of 1-2 steps, then the patient is taught to take 10-12 steps, gradually closing his eyes, and walking in a straight line is carried out in different directions (forward, backward, to the side). Beginner exercises are recommended to train to maintain balance in a narrow base area (the rack of a gymnastics bench). This type of exercise requires insurance and careful monitoring of patients.

In different planes, it is necessary to strictly arrange exercises that lead to a change in the position of the head in space. In the first days of training, it is recommended to perform exercises with a limited amplitude, and as the patient gets used to it, the amplitude of movements gradually increases. This type of exercise should also include exercises on a gymnastic rug with a change in body position: lying on your back, side, stomach, both with your eyes open and closed, moving from a lying position to a sitting position, on all fours, on your knees, standing, returning to a lying position, etc. different variations. Throwing and catching balls also serve as stimuli for the vestibular apparatus. You need to start training with volleyball balls, and later with tennis balls. It is necessary to shoot not only forward, but also upward, as a result of which the patient is forced to tilt his head back, strain his vision, coordinate movements, maintain stability and thus train the vestibular apparatus.

When performing physical exercises in patients with impaired vestibular apparatus activity, the following methodological rules should be observed.

1. Special exercises are replaced by restorative ones. The saturation of the procedure with special exercises is determined by the severity of vestibular diseases.
2. Exercises that lead to a change in the position of the head in space are performed with gradually increasing amplitude.
3. Balance exercises gradually become more difficult depending on the violation of statokinetics.
4. Exercises with closed eyes are performed after getting used to the movements performed with open eyes (before 7-10 days of training).
5. The necessary condition for vestibular training is systemic exposure-daily or daily.
6. The duration of the course of treatment is 1.5-2 months.

Vestibuloatactic disorders are known as diseases and a complex of exercises.

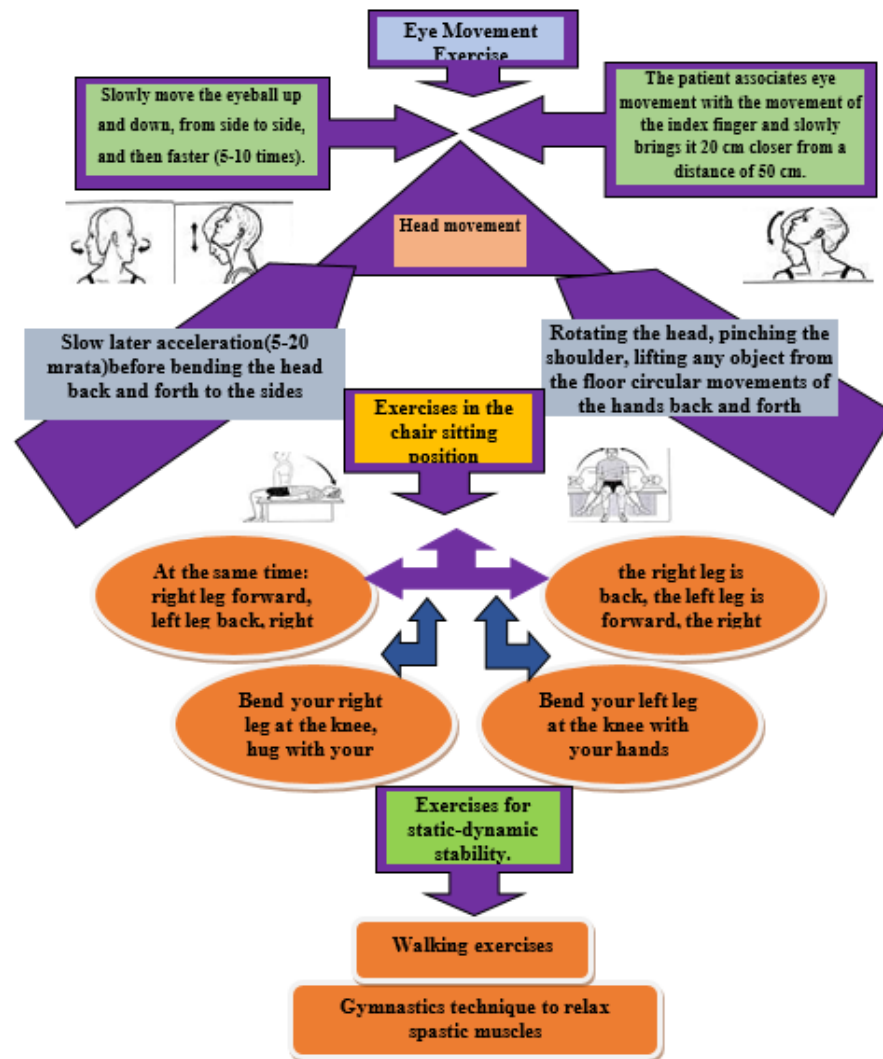


Photo -3. Complex set of exercises for vestibular disorders

Gymnastics technique to relax spastic muscles

The following features of therapeutic Gymnastics for spastic paralysis should be remembered

To reduce muscle tone, positional treatment and a number of special exercises and techniques are used. A distinctive feature of posisia treatment, unlike the initial period of the disease, is the duration of fixation of the paretic limbs in the position of maximum distance from each other from the spastic muscle attachment points: removable plaster longets or orthoses are applied 2-3 times a day for 2-4 hours, and with significant spasticity, they are left overnight.

Special gymnastic techniques for relaxing muscles include light squatting of the limbs, "positivity" and rocking movements, rolling the palm surface of the arms and legs along a rotating roller, stretching the spastic muscles. Below are some exercises using the relaxation technique.

Mshqs technique for relaxing spastic muscles.

Sit on a chair with the sick side on the back of the chair, place the healthy hand under the sick hand, hang the sick hand on the back of the chair (Photo -4 a).

The Methodist wraps one hand around the patient's thumb and the other around the others and performs the maximum expansion of the four fingers interwoven, simultaneously pulling and bending the patient's thumb. In this position, the paretic arm is held for 1-3 minutes until muscle relaxation occurs (Photo 4 b).

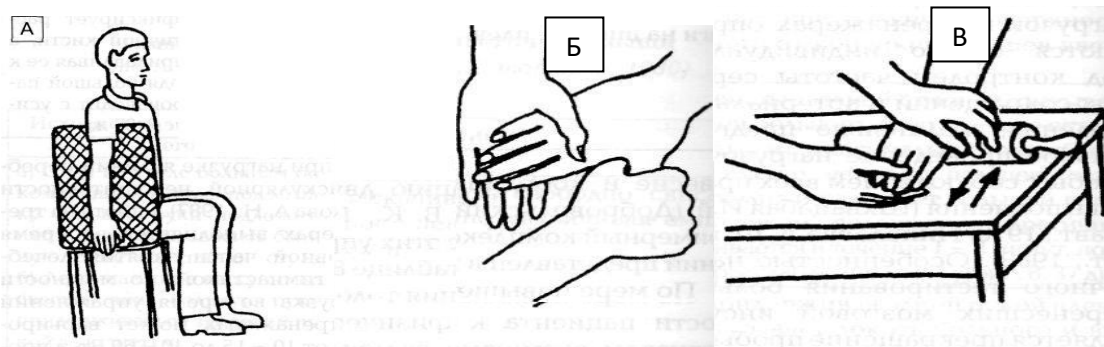


Photo -4.

Methodist fastens the straightened fingers of the paretic hand with his right hand and presses the hand with his left hand, pressing it to the VA, simultaneously pulling the thumb and slowly, with movement, writing the hand smoothly (Photo 4 B).

Sitting in a chair, the legs are shoulder-width apart. Straighten the diseased hand, stretch the fingers (palm down) under the affected thigh (Photo-5.s).

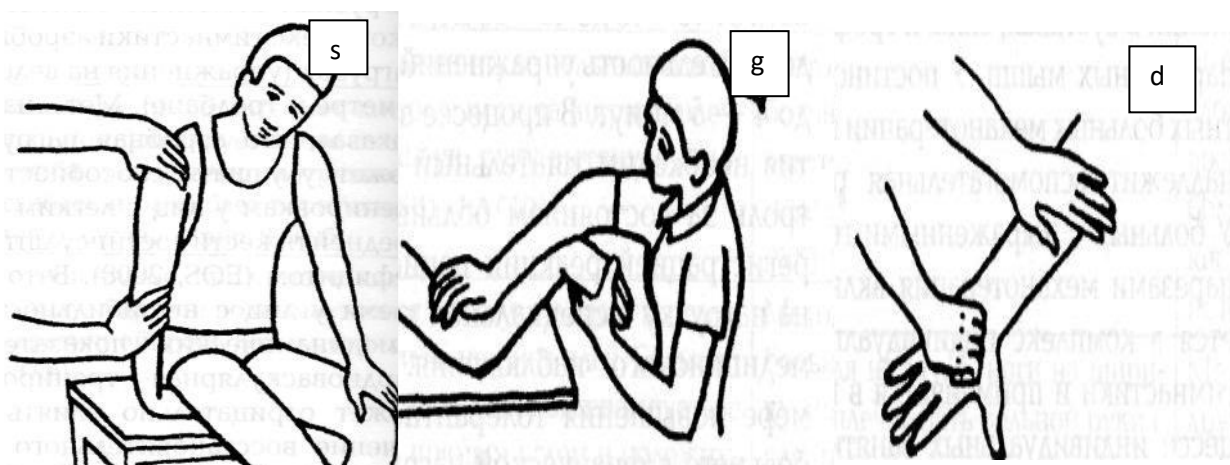


Photo - 5

The Methodist holds the patient's hand with one hand, with the other securing his shoulder near the elbow bend; then, shaking lightly, gently bends and bends the paretic arm in the elbow joint (Photo – 5.g).

Methodist punches his fingers and rubs the back surface of the patient's hand above the fingertips with the comb of his fingers (Photo – 5.d).

Methodist holds his shoulder with one hand, wraps the other around the patient's elbow and straightens the arm to his elbow, easily shaking it; paretic the hand should be pressed firmly against the chair (Photo – 6).

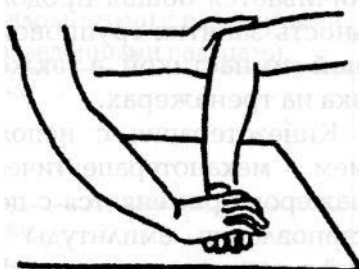


Photo – 6.

- ✓ Facial exercises around the mouth.
- ✓ Language training.
- ✓ Lip and cheek exercise.
- ✓ Exercises for the muscles of the soft palate.

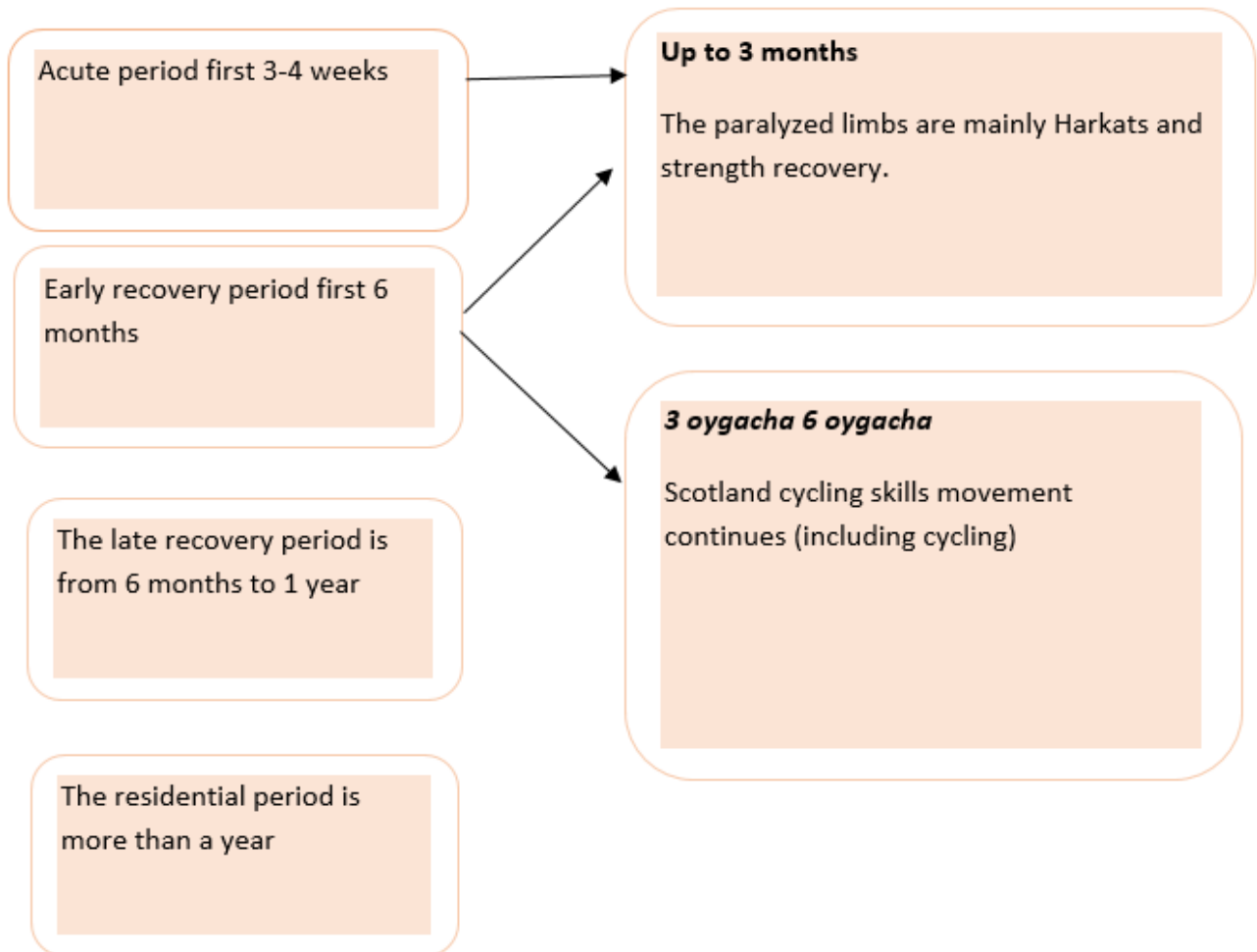


Photo-7. Stages of recovery in different periods of stroke.

In conclusion, we want to highlight a few more important points. In the secondary prevention of stroke, the impact Sox of doctors are very important and responsible. If neurologists, primary care physicians, general practitioners, as well as all doctors who have come into contact with stroke patients in one way or another act on a competent and collegial basis, then the likelihood of repeated acute cerebral circulatory disorders is significantly reduced. In this guide, we have focused on the contributions of the doctor.

At the same time, responsibility is not removed from the patient and his relatives, all our work without their actions does not make sense at all. Based on this, in conclusion, we consider it important to note that only by taking full responsibility for your health, you can influence your future.

Ideally, a good result can be achieved if the doctor, patient and his relatives come together for the health of this person and act as one team.

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