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January 2023 Shawnee, USA Conference Proceedings

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A STUDY OF THE STATE OF DEPRESSION THAT IS OBSERVED AFTER EPILEPSIS.

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Annotation: A literature review on the peculiarities of the diagnosis, course and treatment of myasthenia gravis in the elderly has been done. Despite the fact that myasthenia gravis is a disease of the young and middle-aged, in recent years, several authors observe an increased incidence among the elderly.

Epilepsy is a polyetiological disease characterized by polymorphism of clinical symptoms with a variety of neurobiological, neuropsychological, pathopsychological, and social manifestations. Worldwide, there is a high prevalence of this disease, which is 0.5-2%.

Key words: immunodeficiency during, Epilepsy, laboratory parameters.

Epilepsy is at the crossroads of two specialties: neurology and psychiatry, since, being a chronic disease, it is characterized by a polymorphic clinical picture, which is a complex set of symptoms in which neurological manifestations are closely intertwined with mental and somatic disorders, occupying one of the leading places among those associated with epilepsy of mental disorders, lead to aggravation of the underlying disease, increase suicidal risk and reduce the quality of life of patients. The prevalence of DR among patients with epilepsy is extremely high and, according to different authors, ranges from 10% to 55% (7). Despite the high incidence of DR, these disorders often remain unrecognized in 50% of patients with epilepsy (BE), due to both atypical manifestations and misdiagnosis (8). The presence of depression reduces the quality of life to a greater extent than the frequency and severity of epileptic seizures (6). Depression not only worsens the quality of life, but also negatively affects the dynamics of neurological symptoms during treatment (3).

The problem of epilepsy remains at the center of attention of neuroscientists. This is due not only to the diversity of neurophysiological features of the disease, the versatility of the clinical picture, but also to various complications that develop against the background of regular use of antiepileptic drugs. Cognitive impairments, along with seizures, are among the main characteristics of patients with epilepsy [1-3]. In this regard, there is an opinion that it is the cognitive defect that is one of the reasons for the violation of social adaptation and disability of such patients. In fact, as literature sources show, a history of more than 100 generalized tonic-clonic seizures in most cases leads to the development of cognitive impairment or pre-dementia disorders [4]. At the same time, attention disorders prevail in the structure of the cognitive defect. The situation is somewhat different in temporal lobe epilepsy with complex partial seizures. In this case, for the occurrence of a defect and dementia, it is not the number of seizures that matters, but the duration of the disease.

And in this case, the cognitive defect mainly concerns the function of memory. Based on these data, it can be concluded that cognitive disorders in epilepsy depend on many factors and differ in the polymorphism of clinical manifestations. Cognitive impairment in epilepsy, as a rule, manifests itself in the form of impaired memory, speech, attention, and thinking. As literature sources show, it is of scientific interest to study the relationship between cognitive impairments and personality and psychopathological characteristics of patients with different forms of epilepsy and different types of seizures [1]. In addition, little has been studied about the effect of antiepileptic drugs on the aggravation of cognitive impairment, which is of great importance for clinical neurology.

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