



THE ROLE OF PSYCHOLOGICAL SUPPORT IN THE COMPLEX OF REHABILITATION MEASURES FOR POST- STROKE ANXIETY-DEPRESSION SYNDROME IN MIDDLE- AGED WOMEN

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To study the role of psychological support in the complex of rehabilitation measures for young women with post-stroke anxiety-depressive syndrome in the early stages.

ABSTRACT

According to the European Epidemiological Study, stroke at a young age has doubled since 2018 compared to previous years. The relevance of studying strokes at a young age is also due to the fact that the etiology is largely different from stroke in the elderly and remains unclear, there is no single developed algorithm for examining and managing patients with stroke at a young age. And if we trace the growth of disability, in parallel with complications, we can identify post-stroke anxiety and depressive disorders that negatively affect the recovery period and rehabilitation.

Materials and research methods. The study was conducted on the basis of the Department of Obstetrics and Gynecology No. 3 for 2022. The study involved 34 patients aged 25-45 years (mean age was 40.7 ± 3.53) who had had an ischemic stroke in the last 6 months. All patients were divided into 2 groups, depending on the treatment and rehabilitation measures, into the main group, which included 15 patients, and the comparison group, 19 patients. The level of depressive manifestations was assessed using the anxiety scale (HADS) and the Hamelton scale (HDRS). All patients received standard treatment for stroke according to the clinical protocol. The patients of the main group received psychological support and rehabilitation along with traditional treatment.

Research results. All patients received post-stroke treatment and noted menstrual dysfunction. Three women went through menopause. We observed women who had suffered a stroke within the last 6 months, together with the neurological department and rehabilitation specialists. As gynecologists, we prescribed treatments to improve the condition, stabilize the hormonal levels and restore menstrual function.

In both groups of patients, we observed, anxiety-depressive symptoms were diagnosed. At the same time, in the main and comparative

groups, at the first stage of the examination during the admission period, there were no significant differences in the HADS scale, the presence of symptoms was detected in 13% of cases. Further observation noted an increase in the level of anxiety and depression after 10 days and amounted to 21%. In patients of the main group who received psychological support, the percentage of anxiety on the HADS scale was 33%, depressive disorders - 20%. According to the Hamelton scale (HDRS), there were no significant differences ($p \geq 0.05$).

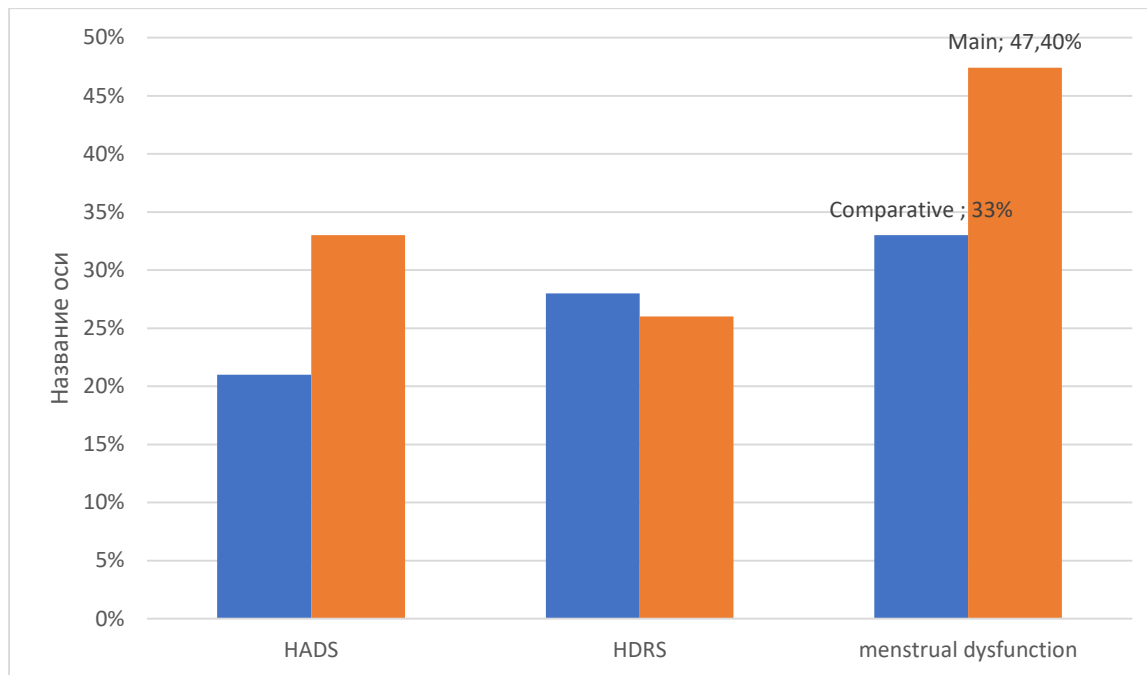


Diagramma 1. Indicators of women before treatment

During the study, we observed a significant decrease in the manifestations of anxiety-depressive syndrome in patients of the main group for 3 months, while in the comparison group, anxiety indicators increased, although a stable picture was observed from the side of hemodynamics. During psychological support, along with treatment, patients of the main group experienced a significant decrease in anxiety symptoms and improved mood, sleep returned to normal, in contrast to patients in the comparison group.

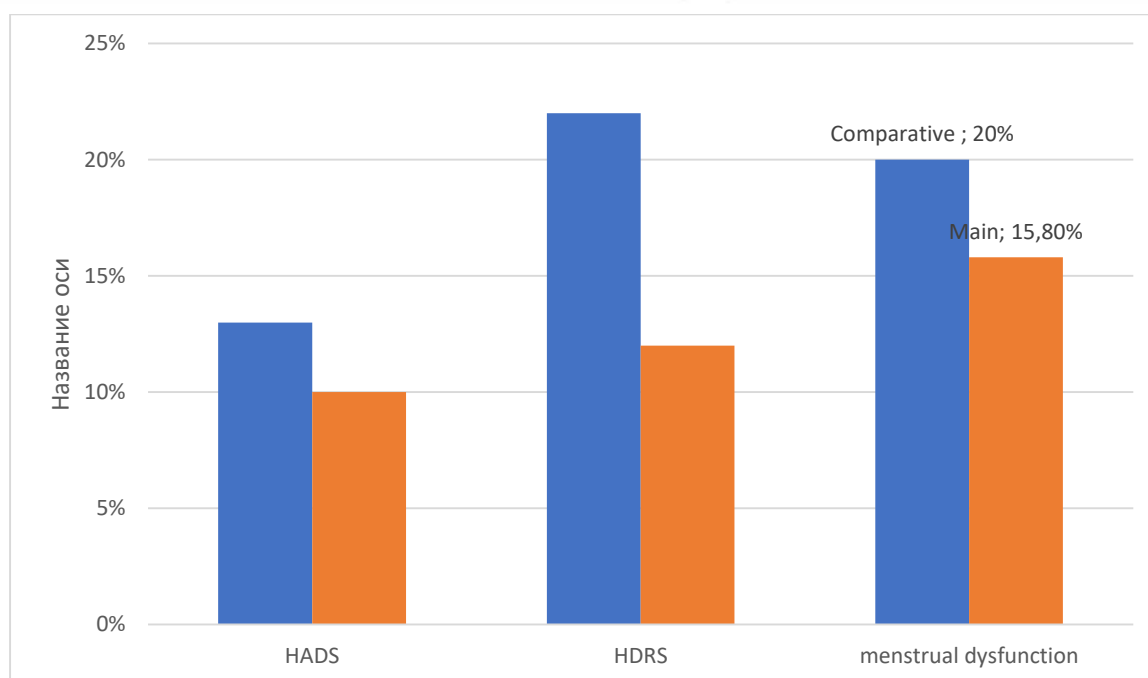


Diagramma 2. Indicators of women after treatment

Conclusions: Thus, the results of the study showed that the provision of psychological support to patients with post-stroke anxiety-depressive syndrome in the complex of rehabilitation measures has a positive effect that will contribute to the speedy recovery and readaptation of patients. It will also reduce the time of his disability and significantly improve their quality of life.

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