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EARLY TREATMENT AND REHABILITATION MEASURES IN ISCHEMIC AND HEMORRHAGIC STROKES: A CLINICAL ANALYSIS OF EFFECTIVENESS

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INTRODUCTION. Stroke is a severe pathology of the central nervous system and remains one of the leading causes of mortality and disability worldwide. In recent years, the increasing incidence of stroke among young people has posed new challenges for the healthcare system. Ischemic stroke accounts for approximately 80–85% of all cases, while hemorrhagic stroke occurs in about 15–20%. Their clinical course, treatment strategies, and rehabilitation approaches differ significantly.

AIM OF THE STUDY. To perform a clinical analysis of the effectiveness of early treatment and rehabilitation measures in ischemic and hemorrhagic strokes, and to identify the main factors influencing the rate of neurological recovery in patients.

MATERIALS AND METHODS. The study was conducted at the Specialized Neurorehabilitation Center in Tashkent during 2023–2024, involving 80 patients diagnosed with stroke. Among them, 50 had ischemic stroke and 30 had hemorrhagic stroke**.** All patients were divided into two groups: Early treatment group – those who received medical care within 24 hours after stroke onset. Delayed treatment group – those who sought medical care after 48 hours. Clinical assessments were performed using the NIHSS, Barthel Index, and Rankin Scal. The rehabilitation program included neuroprotective therapy (Mexidol, Cerebrolysin, Actovegin), anticoagulants, physiotherapy, speech therapy sessions, and psychological support.

RESULTS. In ischemic stroke patients who received early thrombolytic therapy and neuroprotective medications, the NIHSS score improved by an average of 16% within 10 days and by 35% by day 30. In hemorrhagic stroke patients who underwent neurosurgical decompression, the mortality rate decreased from 28% to 14%. In the group where rehabilitation began early, the Barthel Index improved by 47%, whereas in the delayed group, the improvement was around 28%. These results confirm that early rehabilitation has a significant positive impact on the recovery process..

DISCUSSION. The obtained results are consistent with international guidelines. According to AHA/ASA (2024) data, early recanalization and neuroprotective therapy in ischemic stroke, as well as individualized surgical approaches in hemorrhagic stroke, improve quality of life and outcomes. Moreover, early rehabilitation is a decisive factor in restoring functional independence. Local clinical observations also show that initiating rehabilitation within the first 5 days after stroke accelerates recovery by approximately 1.5 times.

CONCLUSIONS

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1. Early thrombolytic and neuroprotective interventions in ischemic stroke accelerate neurological recovery.

2. In hemorrhagic stroke, individualized surgical approaches based on hematoma size and localization ensure optimal outcomes.

3. Initiating rehabilitation within 3–5 days after stroke significantly improves functional recovery.

4. A comprehensive approach combining neuroprotection, physiotherapy, and psychological support reduces the degree of disability.

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