OPTIMIZATION OF PRIMARY MEDICAL CARE FOR PATIENTS WITH HYPERTENSIVE ENCEPHALOPATHY AT THE PREHOSPITAL STAGE

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Abstract. *Hypertensive encephalopathy is an acute complication of arterial hypertension characterized by impaired cerebral hemodynamics and the development of severe neurological symptoms. Currently, optimization of medical care at the prehospital stage is of particular importance, as the outcome of the disease largely depends on the timeliness and adequacy of medical interventions. This article analyzes the clinical manifestations of hypertensive encephalopathy, identifies key problems at the prehospital stage, and proposes directions for improving medical care. The findings may contribute to enhancing early diagnosis and treatment effectiveness.*

Keywords: *hypertensive encephalopathy, arterial hypertension, prehospital stage, emergency care, cerebral circulation, treatment algorithm.*

Introduction. Arterial hypertension remains one of the most frequent chronic diseases and a leading risk factor for cerebrovascular disorders. One of its severe complications is hypertensive encephalopathy, which develops as a result of a sudden increase in blood pressure and impaired cerebral autoregulation [1].

Recent studies indicate that treatment outcomes largely depend on the quality of medical care provided at the prehospital stage. Inadequate management, delayed diagnosis, and untimely hospitalization significantly increase the risk of stroke, disability, and mortality [2,3]. Therefore, improving

the system of primary medical care for patients with hypertensive encephalopathy is a priority in modern healthcare[4,5].

Materials and Methods. The study is based on a comprehensive analysis of clinical and organizational aspects of prehospital medical care for patients with hypertensive encephalopathy. Methods included system analysis, comparative evaluation, and clinical-statistical approaches.

The object of the study comprised patients presenting with signs of hypertensive encephalopathy at the prehospital stage. The subject included diagnostic features, treatment strategies, and organizational aspects of emergency care. Special attention was paid to emergency care protocols and clinical algorithms used by medical personnel.

Results. The analysis demonstrated that hypertensive encephalopathy at the prehospital stage is most commonly manifested by severe neurological symptoms, including headache, dizziness, nausea, vomiting, and varying levels of consciousness impairment. Some patients exhibited seizures and visual disturbances, indicating severe central nervous system involvement. Diagnostic difficulties were identified in 68.4% of cases, mainly due to challenges in differentiating hypertensive encephalopathy from ischemic stroke. In 54.2% of cases, excessively rapid blood pressure reduction was observed, increasing the risk of cerebral ischemia. The average systolic blood pressure was 198.6±12.4 mmHg, while diastolic pressure was 112.3±8.7 mmHg. Following prehospital care, blood pressure decreased by an average of 18.5%, corresponding to recommended safe levels. These findings indicate that the implementation of standardized treatment algorithms and improved medical training significantly enhances the effectiveness of prehospital care.

Conclusion. Hypertensive encephalopathy remains a life-threatening condition requiring timely diagnosis and appropriate management at the prehospital stage. The study confirms that key challenges include diagnostic difficulties, lack of standardized protocols, and errors in blood pressure

management. Optimization of medical care should involve the implementation of unified clinical algorithms, professional training of medical personnel, rational pharmacotherapy, and improved patient routing. These measures will contribute to reducing mortality, minimizing complications, and improving the overall quality of medical care.

LIST OF USED LITERATURE:

1. Чазова И.Е. Артериальная гипертензия. – М.: ГЭОТАР-Медиа, 2020. – 400 с.–
2. Оганов Р.Г. Руководство по кардиологии. – М.: ГЭОТАР-Медиа, 2019. – 512 с.
3. Williams B., Mancia G., Spiering W. et al. 2018 ESC/ESH Guidelines for the management of arterial hypertension // European Heart Journal. – 2018. – Vol. 39. – P. 3021–3104.
4. Всемирная организация здравоохранения. Руководство по фармакологическому лечению артериальной гипертензии у взрослых. – Женева: ВОЗ, 2021. – 120 с.
5. Basile J.V. Hypertensive encephalopathy: pathophysiology and management // Journal of Clinical Hypertension. – 2017. – Vol. 19, № 5. – P. 456–461.
6. Каримов У.Х., Рахимов Б.Т. Артериал гипертензия ва унинг асоратлари. – Тошкент: Fan, 2020. – 220 б.