
**Cognitive dysfunction as a complication chronic viral hepatitis**
Chaika I. S., Chemych O. M., Chemych M. D., Piddubna A.I.
Sumy State University, Sumy, Ukraine

**Background:** Development of cognitive dysfunction and neuropsychiatric dynamics of patients with chronic viral hepatitis (CVH) was investigated during treatment.

**Materials and methods.** I was analyzed 140 medical records and examined patients with CVH aged (47.2±3.9), the probable duration of the disease (5.8±0.9) year. There were 35 women and 105 men. Cognitive impairment was detected using neuropsychological research - test Mini-Mental State Examination (MMSE); neuropsychological tests - clock drawing test, verbal Association (TVA); general disorders scale (GDS), Hamilton Depression Scale (HDS) and Clinical Dementia Rating Scale (CDR).

**Results.** As a result of MMSE cognitive disorders of mild to moderate character (27.01±0.27) points (B) were found, and 15% of people had no abnormalities. The average index HDS - (10.32±0.4) B, mild depressive disorders were diagnosed in 26% of those, moderate - 3%. Using TVA it was obtained (10.43±0.28) B, that indicated a violation of semantic memory and ability to focus quickly. On a scale GDS, clear symptoms of cognitive dysfunction was observed in 24% of patients, other patients had very light disorders (65%) or normal levels (11%). According to the results of the clock drawing test it was found that 93% of patients performed the test without errors and only 7% did not fulfill it. Indicator CDR was (0.65±0.11) B, 68% of the patients received normal result or had borderline disorders, 29% - light violations, 3% - moderate violations. A direct correlation between results of MMSE scale and HDS with period of the disease (p <0.05) was set. Changes of cognitive functions in people who used drugs in history (p <0.05) were detected.

**Conclusions.** In the performance of MMSE in patients with CVH it was detected violations of mild to moderate degrees (violation of various sleep phases, poor memory and concentration) among depressive disorders prevalent. Among the identified violations of depressive disorders it was more common mild to moderate degrees (HDS). Results for GDS scale indicate light memory impairment. A direct correlation between results of MMSE scale and HDS with period of the disease (p <0.05) was set. Statistically worse cognitive performance were in people who use drugs in history (p <0.05). Due to the identified changes in the psycho-neurological status of patients with CVH is obvious there is need for detailed, regular and dynamic survey.
Viral hepatitis is divided into acute and chronic forms, based primarily on clinical evidence of chronicity. The term chronic hepatitis is used when there is evidence of persistent hepatic necrosis and inflammation. Traditionally, particularly for HBV-infected patients, chronic hepatitis has been defined clinically by the presence of aminotransferase elevations lasting at least 6 months. Symptomatic acute viral hepatitis is usually preceded by a prodrome phase that lasts from a few days to several weeks and is characterized by nonspecific symptoms such as nausea, vomiting, myalgia, anorexia, and malaise. Once jaundice develops, constitutional symptoms typically begin to wane. Physical examination is often notable only for jaundice and hepatomegaly. Chronic hepatitis is defined as a chronic inflammatory reaction in the liver as shown by liver function tests and histology and continuing without improvement for at least six months. Morphologically, the two varieties of chronic persistent and chronic aggressive hepatitis (the latter better called active chronic hepatitis) can be described as 'chronic active liver disease'. It is also possible that chronic persistent hepatitis is a complication of other longstanding chronic bowel disease, for instance, regional (granulomatous) ileitis (Crohn's disease) or infection with E. histolytica or salmonella. A chronic persistent hepatitis is seen accom-.