

Category : **Brain: Neurologic disease**

**A296 - Paroxysmal sympathetic hyperactivity in patients with chronic disorders of consciousness.**

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## **Introduction:**

Paroxysmal sympathetic hyperactivity (PSH) is often observed in patients with disorders of consciousness (DOC) aggravating the course of the disease and slowing down the recovery processes. The objective of the study was to investigate PSH severity and therapy approaches in DOC patients.

## **Methods:**

The study was performed in 54 DOC patients, group 1 - 1 (CRS-R score from 0 to 5) - 16 patients, group 2 (CRS-R score from 6 to 8) - 19, group 3 CRS-R score from 9 to 23 - 19 patients were monitored daily with a bedside monitor of the following parameters: blood pressure, heart rate, respiratory rate, oxygen saturation (Sat O<sub>2</sub>), axillary and rectal temperature. Degree of vegetative dysregulation was assessed by the modified PSH scale [Baguley I.J. et al., 2007].

## **Results:**

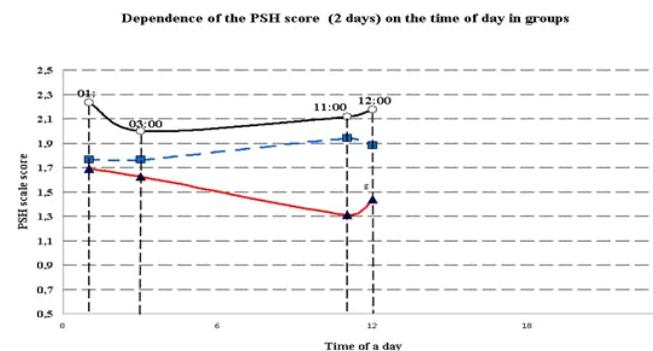
PSH was treated according to the following scheme: mild degree of PSH (1-5 points PSH scale), a combination of a beta-blocker (bisoprolol 5-10 mg per day) with diphenine (100-200 mg per day), moderate PSH degree (6-7 points) – clonidine (0.2–1 mcg / kg / h), benzodiazepines or clonazepam (2-6 mg/day), severe PSH (8 or more points), combination of an opioid analgesic (fentanyl 0.2–1.4 mcg/kg/h) with clonidine (0.3–1 mcg/kg/h). Decrease in the overall score on the PSH scale, Kerdo index approaching zero were used to evaluate the efficacy. PSH in response to TBI is one of the manifestations of a stress reaction, which, sometimes becomes fixed, loses its adaptive qualities and passes into a "stable pathological state" and was found in all groups, more severe in group 1.

## **Conclusion:**

An important point in the treatment of DOC patients is the timely correction PSH with a differentiated approach depending on its severity.

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## **Image :**



Dependence of the PSH on the time of a day in 3 groups.