

DEGREES AND CLINICAL DESCRIPTION OF MENTAL RETARDATION

Kahramonova Zebuniso Raufjonovna,

3rd-year student of the University of Information Technologies and Management, Specializing in Defectology (by types of activities).

Abstract. This article provides information on the degrees and clinical description of dementia. Mentally retarded refers to a steady decline in mental, primarily intellectual development as a result of organic damage to the brain.

Key words: mental retardation, brain, injury, level, endogenous, exogenous, factor, perception, memory, correction, thinking, oligophrenia.

Mental retardation is an early brain injury or organic mental and primarily mental disorder associated with underdevelopment need to understand. Children with severe mental retardation generally lack school knowledge and they do not have the ability to acquire their qualifications.

The main disorder in the clinical and psychological form of mental retardation is cognition is a clear lack of activity. It is low consciousness, generalization the lack of formation of the mental process, the lack of mental process, lack of memory, attention and a number of other functional deficits is characterized by its presence.

Mentally retarded children will not be able to master the program of general education schools. Children with severe mental retardation cannot acquire knowledge and skills at school. Cognition is the leading deficit in the clinical-psychological picture of mental retardation is that the activity has not developed. Cognitive impairment thinking operations, speed of mental processes, impaired mobility, attention, manifested in the underdevelopment of memory and a number of cortical functions will be.

The etiology of mental retardation varies. Mental retardation is caused by genetic disorders of the central nervous system, injuries, asphyxia, infections, intoxications in the womb of the fetus, at birth or during the early development. The clinical description of the main forms of mental retardation is closely related to the pathogenesis of the injury and the time of its negative effects.

In the early stages of ontogenesis, damage to the central nervous system (up to 1.5-2 years) primarily affects the formation of the cortex. Morphological appearance of injury and clinical manifestation of mental defect it is better to remain underdeveloped. In such cases, we can talk about different variants of oligophrenias. At an older age, that is, in a relatively mature period of the cortical system of the brain, various forms of dementia prevail in the morphological and clinical appearance of the nervous system as a result of negative effects.

It is divided into two main groups:

1. With hereditary pathology caused by endogenous (genetic) effects related or present in the family or appearing for the first time in this individual oligophrenia;
2. As a result of exogenous effects (prenatal or early postnatal ontogenesis stage infections, intoxications, brain traumas). oligophrenia.

Due to the improvement of testing methods, the causes of genetic damage to the nervous system have been given great importance, and many cases of the origin of mental retardation are shown to be related to these causes.

The second group of oligophrenia due to genetic reasons is enzymolatia-various of metabolism due to the innate lack of development of enzymes resulting from the violation. At present, mental retardation (phenylketonuria, galactosemia, histidynamia, histinuria, tyrosimania, fructosuria, etc.) caused by metabolic disorders due to genetic reasons is observed a lot. The most common is phenylketonuria. Congenital absence of a certain enzyme in these diseases leads to the accumulation of toxic substances in the body (phenylalanine, histidine, arginine, leucine) and children's brain is poisoned. A number of severe forms of oligophrenia are associated with such disorders. Elucidation of their pathogenesis helps to find effective ways of treatment. In the origin of oligophrenia, special importance is given to the polygenic type of heredity. In this case, there is an accumulation of pathological genetic factors passed on from parents in the generation. The exogenous form of oligophrenia includes cases in which the underdevelopment of the nervous system is caused by external negative effects on the child's brain during pregnancy.

Mild mental retardation. Children with mild mental retardation who can concentrate and have a good mechanical memory can receive education under a special (corrective) program. This program is based on concrete and demonstrative methods, mathematics. makes learning writing, reading and other subjects much easier, so a child can master it for 9 years. Later, the child acquires professional knowledge and can work independently. The main difficulties are usually observed in the field of learning at school and Many children have special difficulties with reading and writing. In most cases of mild mental retardation, it should be based on practical activities that do not require abstract thinking. In social conditions that do not require productivity in the theoretical field eg (in rural areas) a mild degree of mental retardation is a challenge in its own right may not give birth. But at the same time emotional and social immaturity when observed, social role limitations arise, for example, marriage and children inability to meet the requirements for education or cultural traditions and we can give an example of difficulties in adapting to norms. Moderate mental retardation. Moderate mental retardation is characterized by lack of formation of cognitive processes. Thinking is concrete, there is no sequence. In this category, the understanding and use

of speech develops behind (with a delay of 3-5 years), and full development in this area is limited. Often speech is accompanied by gross defects. Vocabulary is small, it consists mostly of words and phrases used in everyday life.

Self-care skills are not well developed. Motors

these skills cannot be formed in severe developmental disabilities. Most of the time skills that require differentiated fine movements of the fingers: tying shoelaces, tying buttons, tying laces on clothes assimilation creates difficulties. Some children are domesticated all their lives they will need control and help in their work.

People with moderate mental retardation have a lot of information and imagination less. The formation of scattered concepts is completely absent or sharply limited.

Development of perception and memory is observed. Mental retardation often affects limbs, paws, fingers, head, skin, internal organs, accompanied by disorders in the development of genitals, teeth, face, eyes, and ears.

Adults with moderate mental retardation their individual and personal qualities taking into account the simple, skillful requirement under constant supervision and guidance they can do things they don't do (especially they are busy with agricultural work where there are). People with moderate mental retardation will need social protection and support. Severe mental retardation. In severe mental retardation, thinking is not only behind, but the ability to generalize is not formed at all. In most of them, underdevelopment of motor functions, coordination disorders and other co-existing pathologies are evident. These individuals learn self-care skills with great difficulty. Education of severely mentally retarded children is limited to practicing self-service skills and learning to navigate the environment, developing communication.

Children with severe developmental delay can move independently, minimally use speech as a means of communication, distinguish people who treat them well, and have elements of emotional socialization. With special training, some of them can master not difficult household self-service skills, the simplest manual work. They can master only elementary labor processes. It is important to remember that children with severe developmental delays need to be taught several times in order to understand and develop skills that they can use in similar situations later.

Usually, intellectual disorders are obvious neurological pathologies: paralysis, paresis goes along with. They include the skeleton, skull, limbs, skin and internal organs. Dysplastic body structure is observed. People with this pathology require constant help and support. Profound mental retardation. These children have limited ability to understand or follow requests or instructions. They have not developed attention, perception, memory. There are no elementary processes of thought. Often, instead of speech, they use incomprehensible sounds or words that they do not understand the meaning of.

Most of such children have severe motor disorders, they completely immobile or the movements are sharply limited, urine and feces they cannot hold, they can only be communicated with in a rudimentary form.

They are unable to take care of their basic needs or this feature is very weak and they need constant help and support.

The most severe of them do not cry, do not laugh, do not recognize the people around them. None nothing can attract attention. They have difficulty aiming in space. They are only affected by pain. The facial expression is meaningless. They cannot distinguish between what can be consumed and what cannot be consumed. They do not understand speech and gestures. Affects of anger, a desire to harm oneself are observed. However, when working with such children, some progress can be made in educating them to pay attention to sound, bright light and color, moving objects and other influences.

REFERENCES

1. D.A.Nurkeldiyeva, M.U.Hamidova "Diagnostics of children with developmental disabilities" Tashkent - 2016;
2. Rakhmanova V.S. "Correctional pedagogy and speech therapy". Tashkent "Economy - Finance" 2007;
3. M.Y. Ayupova "Logopedia". Tashkent Publishing House of the National Society of Philosophers of Uzbekistan 2007;
4. Muminova L.R., Ayupova M.YU. Speech therapy. Tashkent. 1993