Introduction:
The incidence of spontaneous intracranial hemorrhage (SICH) in the world according to different authors is from 1.5 to 2 million a year. SICH is associated with an increased risk of endocrine dysfunction.

Methods:
This study included 58 patients aged 13 to 72 years. We studied the levels of ACTH and cortisol in the morning and the evening, TSH, FT3 and FT4, prolactin, GH, men determined LH, FSH, testosterone. GCS; rating on a scale of Hunt and Hess patients with arterial aneurysm rupture were consistent with points 2-4, 2-4 class Fischer scale. All patients were subjected to sedation and analgesia (further “sedation”) as therapeutic narcosis - opioid analgesic fentanyl 0.5-1 μg/kg/ h, alpha 2-adrenergic agonist clonidine 0.2-0.5 μg/kg/ h, sodium thiopental 2.4 μg/kg/ h. for 3 to 9 days.

Results:
The endocrine status of the patient was estimated depending on her functional state at the sedation and post sedation period. Our results indicate lower activity of the PAS, PTS for sedated patients. Our studies conducted within 28 days after a SICH revealed no hormonal deficiency requiring correction in the acute period. Therapeutic sedation limits the severity of the stress response indicating that patient in sedation period had ACTH and cortisol levels lower than in post- sedation period.

Conclusions:
The hormone response to SICH is different in patients after aneurysmal SAH and ones of hypertensive genesis and caused by AVM rupture, the latter had more pronounced HP activation. Patients were diagnosed with pituitary-adrenal system hyperfunction with daily secretion rhythm irregularities. Patients with negative outcome during post-sedation period had more evident pituitary-adrenal system hyperfunction than those with positive one. Patients with negative outcome had FT3 level reduction (34-45%). Male patients developed hypogonadotropic hypogonadism.