

ЭРТА ПОСТМЕНОПАУЗАДА КЛИМАКТЕРИК СИНДРОМ: ТИЗИМЛИ МЕТАБОЛИК ЎЗГАРИШЛАР ВА УЛАРНИ НОГОРМОНАЛ КОРРЕКЦИЯСИ

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Замонавий изланишлар натижаларига кўра, климактерик даврда тухумдон фаолиятига боғлиқ бўлган функциялар, организмни ушбу ҳолатга мослашиши жараёни биргаликда климактерик синдром деб аталади. Климактерик синдром 35 - 80% аёлларда учрайди.

БЖССТ тахминларига кўра, 2020 йилларда климактерик синдромни ўтказган ва постменопаузага чалинган аёллар кўрсаткичи ортиб боради.

Калит сўзлар: климактерик давр, тухумдон, постменопауза, ногормонал коррекция.

КЛИМАКТЕРИЧЕСКИЙ СИНДРОМ В РАННЕЙ ПОСТМЕНОПАУЗЕ: СИСТЕМНЫЕ МЕТАБОЛИЧЕСКИЕ ИЗМЕНЕНИЯ И ИХ НЕГОРМОНАЛЬНАЯ КОРРЕКЦИЯ

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По данным современных исследований несовершенная адаптация организма к физиологическому выключению функции яичников в климактерический период приводит к развитию климактерического синдрома (КС) у 35-80% женщин.

По прогнозам Всемирной организации здравоохранения с увеличением продолжительности жизни к 2020 году около трети жизни женщина будет находиться в постменопаузе.

Ключевые слова: климактерический период, яичник, постменопауза, негормональная коррекция.

CLINICAL SYNDROME IN EARLY POSTMANOPAUE: SYSTEM METABOLIC CHANGES AND THEIR CORRECTION

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According to modern research, the imperfect adaptation of the body to the physiological shutdown of ovarian function in the climacteric period leads to the development of menopausal syndrome (COP) in 35-80% of women.

According to the forecasts of the World Health Organization, with an increase in life expectancy by 2020, about a third of life a woman will be in post-menopause.

Keywords: climacteric period, ovary, post menopause, non-hormonal correction.

The urgency of the problem

According to modern research, imperfect adaptation of the body to physiological shutdown of ovarian function in the climacteric period leads to the development of menopausal syndrome (COP) in 35-80% of women. According to the forecasts of the World Health Organization with an increase in life expectancy by 2017, about a third of life a woman will be in post-menopause [1,3,5]. Therefore, it is important to study the physiological and pathological processes in the body of a woman during the transition from reproductive age to old age and ensure the health, and, therefore, the quality of life, professional and social activity of women of this age [4].

In postmenopausal women, the incidence of coronary heart disease is increased 3-fold, stroke 7-fold [3,6], and the incidence of postmenopausal osteoporosis is 85% of all cases of primary osteoporosis [1,2,4]. In this regard, one of the components of the modern treatment strategy for COP is the effective correction of early climacteric disorders (neuro-vegetative and psycho-emotional) developing in the first years after menopause, and at the same time as early as possible correction of metabolic

disorders leading to late complications of the climacteric period - osteoporosis and atherosclerosis [5]. To date, significant progress has been made in the correction of COP by hormone replacement therapy (HRT). Numerous studies have shown that the use of HRT reduces the severity of vasomotor and depressive disorders, reduces the risk of osteoporosis, ischemic heart disease, atrophic vaginitis, degenerative processes in the urethra and bladder [1,5,6]. However, along with these facts about the effectiveness of HRT, information has emerged about the possible risks associated with its use, including the development of breast and uterine cancer, with prolonged use of endometrial cancer and thromboembolism [4]. In European countries, the fear of increasing the frequency of estrogen-dependent cancers is the main reason for refusing HRT [1].

In this regard, the use of herbal preparations and selective estrogen modulators is considered promising for the correction of COP. It has been established that these agents are capable of providing positive therapeutic and prophylactic effects without the risk of developing cancer in the reproductive organs and with minimal adverse reactions (Ovsyannikova TV, 2004). Despite the increased

attention of experts in the field of climacteric to the use of phytoestrogens and phytohormones, their effectiveness in the relief of individual symptoms of CS and mechanisms of influence on metabolic changes in bone tissue, atherogenic factors and endothelial function in women with CS have not been sufficiently studied.

The aim of the study was to increase the effectiveness of treatment of climacteric syndrome and correction of metabolic disturbances in the early period of natural postmenopausal by the use of phytohormones.

Materials and methods

In a randomized, parallel, simple, blind, placebo-controlled study, 88 women with a CS of a typical course that developed against a natural postmenopausal period of 1 to 5 years were included. None of the women with CS before participating in the study did not take hormonal or non-hormonal drugs to correct climacteric disorders. To identify postmenopausal metabolic changes, a group of 30 premenopausal women was formed whose average age was close to the age of women with CS.

Exclusion criteria were: extragenital pathology of moderate or severe severity, oncological diseases of any location, bleeding from the genital tract of unclear etiology, endometrial pathology, hysterectomy in anamnesis, surgery on the appendages of the uterus, unwillingness of a woman to participate in the study.

The choice of the duration of postmenopause from 1 year to 5 years is due to the fact that during this period the most clinically important symptoms of CS are developing, and on the other hand, there may be preclinical disorders in the cardiovascular system and bone tissue, the early correction of which can be effective for the prevention of osteoporosis and atherosclerosis.

Results of the Conclusions

The results of the study showed that during the first five years of natural postmenopausal COP the clinical manifestation is mainly neurovegetative (in 100% of women) and psycho-emotional disorders (in 73.9% of women). The occurrence of psycho-emotional disorders 3-5 years after menopause is greater than in the first two years (89.1% and 33.3%, respectively, $p < 0.001$). The most frequent complaints were hot flashes (100%), sweating (100%), sleep disturbances (39.8%), drowsiness (40.9%), irritability (72.7%) and depressed mood (56.9%), as well as fatigue (69.3%).

Predictors of severe COP development in postmenopausal 3-5 years were hot flashes and sweating 1-2 years before menopause (RR 1.6, CI 1.4 ÷ 1.9, $P = 0.045$), absence of the menopausal period of the disorder menstrual function (RR = 1.7, DI 1.3 ÷ 2.1, $p = 0.038$). The severity of COP did not depend on the duration of postmenopause, the concentration in the blood of pituitary-ovarian hormones (LH, FSH, progesterone, estradiol), but positively correlated with the number of chronic extragenital pathologies ($rs = 0.38$, $p = 0.024$).

After 3 months of treatment, the total MMI was reduced by 35%, after 6 months - by 49% without changes in the subsequent treatment period against the background of no significant decrease with placebo

In the first five years of natural postmenopausal menopause, the climacteric syndrome is clinically manifested primarily in neuro-vegetative (in 100% of women) and in psycho-emotional disorders (in 74% of women), which reduce the physical and psychological components of quality of life and are most severe in women with chronic extragenital diseases.

Predictors of severe course of climacteric syndrome in the first five years of natural postmenopausal are hot flushes and sweating 1-2 years before menopause (relative risk 1.4 ÷ 1.9), absence of the menopause period preceding menstrual dysfunction (relative risk 1.3 ÷ 2.1).

In patients with menopausal syndrome in the early postmenopausal period, compared with premenopausal women, there is a complex of systemic metabolic disorders associated with the development of osteopenia and osteoporosis: an increase in bone remodeling speed with an imbalance of bone resorption markers - C-terminal telopeptides of type I collagen (an increase in 5.4 times) and the formation of bone tissue - osteocalcin (an increase of 56%) - in combination with an increase in the level of calcitonin and phosphates of the blood plasma.

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