

## CLINICAL SYNDROME IN EARLY POSTMENOPAUSE: SYSTEM METABOLIC CHANGES AND THEIR HORMONAL CORRECTION

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### ✓ Resume

*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.*

*Key words: climacteric period, ovary, postmenopause, non-hormonal correction.*

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

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### ✓ Резюме

*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.*

## ЭРТА ПОСТМЕНОПАУЗАДА КЛИМАКТЕРИК СИНДРОМ: ТИЗИМЛИ МЕТАБОЛИК ЎЗГАРИШЛАР ВА УЛАРНИ НЕГОРМОНАЛ КОРРЕКЦИЯСИ

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### ✓ Резюме

*Замонавий изланишлар натижаларига кўра, климактерик даврда тухумдон фаолиятига боғлиқ бўлган функциялар, организмни ушбу ғолатга 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, негормонал коррекция.*

### The urgency of the problem

According to modern studies, the imperfect adaptation of the body to the physiological shutdown of ovarian function during the climacteric period leads to the development of climacteric syndrome (CS) 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 a woman's life will be in postmenopausal women [1,3,5]. Therefore, it is important to study the physiological and pathological processes in a woman's body during the transition from reproductive age to old age and to ensure health, and, consequently, the quality of life, professional and social activity of women of this age [4].

In postmenopausal women, the incidence of ischemic heart disease increases 3 times, stroke 7 times [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 strategy for the treatment of CS 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 the earliest possible correction of metabolic disorders leading to late complications of menopause. period - osteoporosis and atherosclerosis [5]. To date, significant advances have been made in the correction of the knee joint with the help of 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, coronary 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 appeared about the possible risks associated with its use, including the development of breast and uterine cancer, with long-term use - endometrial cancer and thromboembolism [4]. In European countries, the fear of an increase in 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 recognized as promising for the correction of CS. 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 T.V., 2004). Despite the increased attention of specialists in the field of menopause to the use of phytoestrogens and phytohormones, their effectiveness in relieving certain symptoms of CS and the mechanisms of influence on metabolic changes in bone tissue, atherogenic factors and endothelial function in women with CS have been insufficiently studied.

The aim of the study is to increase the effectiveness of the treatment of climacteric syndrome and the correction of metabolic disorders in the early period of natural postmenopause by using phytohormones.

### Materials and methods

A randomized, parallel, simple-blind, placebo-controlled study enrolled 88 women with CS of a typical course that developed against the background of natural postmenopause lasting from 1 to 5 years. None of the women with CS had taken hormonal or non-hormonal drugs to correct climacteric disorders prior to participating in the study. In order 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.

The exclusion criteria were: extragenital pathology of moderate or severe degree, oncological diseases of any localization, bleeding from the genital tract of unknown etiology, endometrial pathology, hysterectomy in history, surgery on the uterine appendages, woman's unwillingness to participate in the study.

The choice of the duration of postmenopause from 1 to 5 years is due to the fact that it is during this period that the clinical symptoms of CS that most significantly affect the quality of life develop, and, on the other hand, there may be preclinical disorders in the cardiovascular system and bone tissue, early correction of which may be effective in preventing osteoporosis and atherosclerosis.

### Research results

The results of the study showed that in the first five years of natural postmenopause, CS is clinically manifested mainly by neurovegetative (in 100% of women) and psycho-emotional disorders (in 73.9% of women). The incidence of psycho-emotional disorders 3-5 years after menopause is higher 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 the development of severe CS in the postmenopausal period of 3-5 years were hot flashes and sweating 1-2 years before menopause (RR = 1.6; CI 1.4 ÷ 1.9;  $p = 0.045$ ), the absence of a period of disturbance preceding menopause menstrual function (RR = 1.7; CI 1.3 ÷ 2.1;  $p = 0.038$ ). The severity of CS did not depend on the duration of postmenopause, the concentration of pituitary-ovarian hormones (LH, FSH, progesterone,

estradiol) in the blood, however, it positively correlated with the number of chronic extragenital pathologies ( $r_s = 0.38$ ,  $p = 0.024$ ).

After 3 months of treatment, a decrease in the total MMI was revealed by 35%, after 6 months - by 49% without changes in the subsequent period of treatment against the background of the absence of a significant decrease when taking placebo

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

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

In patients with climacteric 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 the rate of bone tissue remodeling with an imbalance in bone resorption markers - C-terminal telopeptides of type I collagen (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 blood plasma phosphates.

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