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PECULIARITIES OF PERIMENOPAUSE PERIOD IN WOMEN WITH ENDOMETRIOSIS

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ABSTRACT

Background. Despite the huge achievements in the study of the period of perimenopause, this problem continues to attract the attention of both scientists and practitioners, as is the problem of managing patients with endometriosis disease. According to WHO’s many demographic projections, a more dramatic increase in the number of older people is expected in the 21st century, which necessitates the establishment of national and international health systems for older women. The ultimate goal of these programs is to improve the quality of life of women.

Materials and methods. Examined 87 women in the period of perimenopause with endometriosis from the age of 45 to 55 years, who contacted a gynecologist about complaints related to the manifestations of menopausal syndrome.

Results. According to the quality of life questionnaire -SF36, in women with endometriosis during the period of perimenopause before treatment, a decrease in the quality of life was noted, in the main group - 56%, in the control group - 72%.

Conclusion. This study allowed us to determine the quality of life in the period of perimenopause in women with endometriosis (operated and not operated), to analyze the
somatic. Also, improve non-hormonal methods of treating menopausal syndrome in women with endometriosis.

**Key words:** period of perimenopause, menopausal syndrome, women with endometriosis, vegetovascular disorders

**INTRODUCTION**

According to the UN, by 2050 the number of elderly people will already be about 1.5 billion, that is 14.7% of the population, and today every 10th woman is in postmenopausal age. Every year their number increases by 25 million, and by 2020 this figure will be 47 million [1, 2, 3].

Assessment of the sex ratio in the elderly population in different countries showed that in Uzbekistan at present the number of elderly people is 6.7%, and in 2030 this figure will reach -11.6%, in 2050 -19.4%. The number of women aged 45-54 years is 1 million 702 [4]. The life expectancy of women in Uzbekistan is about 4-5 years longer than that of men.

Recently, worldwide interest in studying the problems of perimenopause (PMP) has significantly increased [5, 6].

Perimenopause - includes the period of the menopausal transition and 12 months after the last independent menstruation [7].

Currently, the mechanisms of the development of changes and the approximation of menopause, as well as the pathogenesis of pathological processes developing in the PMP, are not well understood [8].

The results of numerous studies indicate that in the PMP the basic algorithm of the reproductive system functioning is violated - the cyclic secretion of estradiol, progesterone, the internal ovarian proteins of Inhibin and Activin, as well as gonadotrophic hormones [9].

It has been established that with age, along with the depletion of follicles, the number of receptors for gonadotropins decreases, which contributes to a
decrease in the sensitivity of the ovaries to their own gonadotropin stimuli and a
decrease in the frequency of ovulatory cycles [10, 11].

As the perimenopause approaches, the number of anovulatory cycles
increases, follicular shortening and insufficiency of the luteal phases of the cycle
are observed, which is inevitably accompanied by clinical changes in menstrual
function [12].

It has been proven that an early marker of upcoming perimenopause is an
increase in FSH levels due to the presence of feedback between inhibin and FSH
[13, 14].

Since LH secretion is not associated with inhibin, an increase in its content
occurs later. In a number of scientific papers, it was noted that an increased level of
FSH causes a rapid development of follicles, which is the reason for shortening
cycles, which may be the first clinical manifestation of an approaching menopause
[15, 16].

It was found that the gonadotropic function of the pituitary gland, as well as
the function of the ovaries in the PMF, is characterized by a wide variability of
hormone levels - from regular cycles containing gonadotropic and ovarian
hormones characteristic of the reproductive period to episodic spontaneous cycles
with fluctuations from low levels of gonadotropins to high concentrations of FSH
and LH, characteristic of postmenopause, while at the same time high
concentrations of estrogen in the blood [17, 18].

At present, the pathogenic mechanisms of follicular persistence, leading to
hyperestrogenism in the PMF, are still not fully understood. According to some
researchers, hyperestrogenemia observed in the PMF is not a pathological
deviation, but its normal component [19, 20]. Along with this, the frequency of
endometrial hyperplastic processes (GGE) increases.

In PMP, it creates significant difficulties in choosing treatment methods.
This can explain the lack of unified recommendations on the choice of a drug, the
dose and the optimal duration of its use, which is often inadequate, and therefore,
relapses of GE occur.
The quality of life of patients with endometrioid disease in the period of perimenopause is significantly affected [14, 15]. Frequent changes in mood, depression, and anxiety often interfere with everyday work, despite the fact that the components of physical health remain at an average level [14, 16].

Thus, despite the successes achieved in the study of etiopathogenesis, new methods of diagnosis and therapy, the problem of treatment and management tactics for women with endometriosis in the period of perimenopause remains far from being resolved.

All this dictates the need to optimize the management of patients with endometriosis in primary care, which should be aimed not only at creating adequate integrated approaches for predicting the development and recurrence of various gynecological and somatic diseases, but also developing common protocols for managing patients with this pathology.

Based on a patent search, registration number No. 001947, dated October 30, 2019, conducted by the State Scientific Medical Library under the Ministry of Health of the Republic of Uzbekistan, the problem “Features of the course of the perimenopause period in women with endometriosis” and its effect on the quality of life have not been studied.

**The aim is** to study the clinical course of menopausal syndrome in women with endometriosis based on the study of quality of life, hormonal status and treatment methods used.

**MATERIAL AND METHODS**

An increase in the number of women with endometriosis suffering from menopausal syndrome requires the development of a new approach to the treatment of this category of women and is one of the urgent problems of modern gynecology, which served as the basis for our study.

To study the clinical course of menopausal syndrome in women with endometriosis based on the study of quality of life, hormonal status and treatment methods used.
We examined 87 women in the period of perimenopause with endometriosis from the age of 45 to 55 years, who contacted a gynecologist about complaints related to the manifestations of menopausal syndrome. A survey was conducted on the questionnaire of quality of life. The severity of klmakterisy syndrome in the period of perimenopause was evaluated using a modified menopausal index (MMI) -Kupperman index.

Symptoms inherent in menopause are associated with a decrease in estrogen levels in a woman's body. Because of this, organs controlled by female sex hormones cease to function properly, women with hypoestrogenia exhibit a violation of vasomotor function, flushing, dysphoria, depressive states, decreased libido and osteoporosis, which significantly reduces the quality of life. We conducted a survey on the questionnaire of quality of life SF 36. (table No. 1 and 2).

### Table 1.

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>Most of the time</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you feel awake?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. Are you very nervous?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. You felt calm (oops) and pacified (oops)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d. You felt so depressed that nothing could cheer you up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e. Did you feel full of strength and energy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>f. Did you feel sad and sad (s)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>g. Did you feel exhausted?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>h. Did you feel happy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>I. Did you feel tired?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
Table 2.

<table>
<thead>
<tr>
<th>Condition of women examined before treatment</th>
<th>Number of Patients of the main group</th>
<th>Number of Patients control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Hot flashes</td>
<td>87 100,0</td>
<td>8 16</td>
</tr>
<tr>
<td>Profuse sweating</td>
<td>35 40,2</td>
<td>10 20</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>27 31,03</td>
<td>12 24</td>
</tr>
<tr>
<td>Fatigability</td>
<td>53 60,9</td>
<td>14 28</td>
</tr>
<tr>
<td>Anxiety state</td>
<td>31 35,6</td>
<td>0 0</td>
</tr>
</tbody>
</table>
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Depression 33 37.9 0 0
Irritability 25 28.7 4 8
Decreased libido 29 33.3 9 18
Headaches 23 26.4 13 26
Palpitations 46 52.8 15 30
A/D boost 19 21.8 9 18

A weak severity of menopausal syndrome according to the Kupperman index was noted in the main group -20.3% of patients, medium-66% and severe-32%, Fig. 1.

Figure 1.

The dynamics of the development of symptoms in the main group.

In the control group, the severity of menopausal syndrome according to the Kupperman index: a weak degree in 18, an average degree in 14%, severe in 5%. Correction of psychoemotional and vegetovascular disorders was carried out with the drug Prosulpine (active substance, sulpiride) 200 mg, the drug was prescribed 2 times a day, 100 mg until 4 p.m. Control was carried out after 1, 3, 6 weeks.

According to the data obtained, at 1 week of therapy there were positive trends in the emotional sphere in group I in 90% of women, in group II 93%, in the control group by 96%, by the end of the third or sixth week, the number of hot flashes and their severity significantly decreased, sweating decreased, B/P
fluctuations, tachycardia, anxiety, depression, emotional lability, headaches, increased performance in group I - 92%, in group II 94%, in the control group 97% (table No. 4).

Table 4.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>After 1 week</th>
<th>after 3-6 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n-40</td>
<td>n-47</td>
</tr>
<tr>
<td>Hot flashes</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Profuse sweating</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Fatigability</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Anxiety state</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Depression</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Irritability</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Decreased libido</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Headaches</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Palpitations</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>High BP</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

According to the quality of life questionnaire -SF36, in women with endometriosis during the period of perimenopause before treatment, a decrease in the quality of life was noted, in the main group - 56%, in the control group - 72%.

After the treatment, a significant improvement in the psychoemotional state and an increase in the quality of life of patients were noted both in the main group 89% and in the control -96%.

CONCLUSION

This study allowed us to determine the quality of life in the period of perimenopause in women with endometriosis (operated and not operated), to
analyze the somatic. Also, improve non-hormonal methods of treating menopausal syndrome in women with endometriosis.

Thus, the literature review and our own research indicate the feasibility of treating patients with endometriosis during the perimenopause period with psychoemotional and vegetative vascular disorders with atypical small antipsychotic drugs, which allows to increase the clinical effectiveness of complex treatment and improve the quality of life of perimenopausal women.

The results obtained will expand understanding of the period of perimenopause in women with endometriosis, the use of non-hormonal drugs in order to improve the quality of life of women with endometriosis in the period of perimenopause.

The results of the study were introduced into the work of women's clinics, district and city polyclinics No. 8 and No. 12, in the educational process of the Department of Obstetrics and Gynecology for clinical residents and masters.

REFERENCES


