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PECULIARTIES 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 gonadotropic 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.

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

Table 2.

	Definitely true	Mostly right	I don't know	Mostly wrong	Definitely wrong
But it seems to me that I'm more prone to disease, than others	1	2	3	4	5
My health is not worse than that of most of my friends in.	1	2	3	4	5
I expect my health to decline	1	2	3	4	5
Umen excellent health	1	2	3	4	5
The chosen method of contraception has had a very positive effect on my general health	1	2	3	4	5

Non-hormonal correction of vegetative-vascular and psychoemotional disorders was studied in 88 women during the period of perimenopause. Patients were divided into 2 groups: group I consisted of 40 women (operated on for endometriosis), group II consisted of 47 women (not operated on for endometriosis). The control group consisted of 50 women aged 45-55 years without gynecological pathology.

RESULTS AND DISCUSSION

Complaints of patients before treatment are presented in table 3.

Table 3.

Condition of women examined before treatment

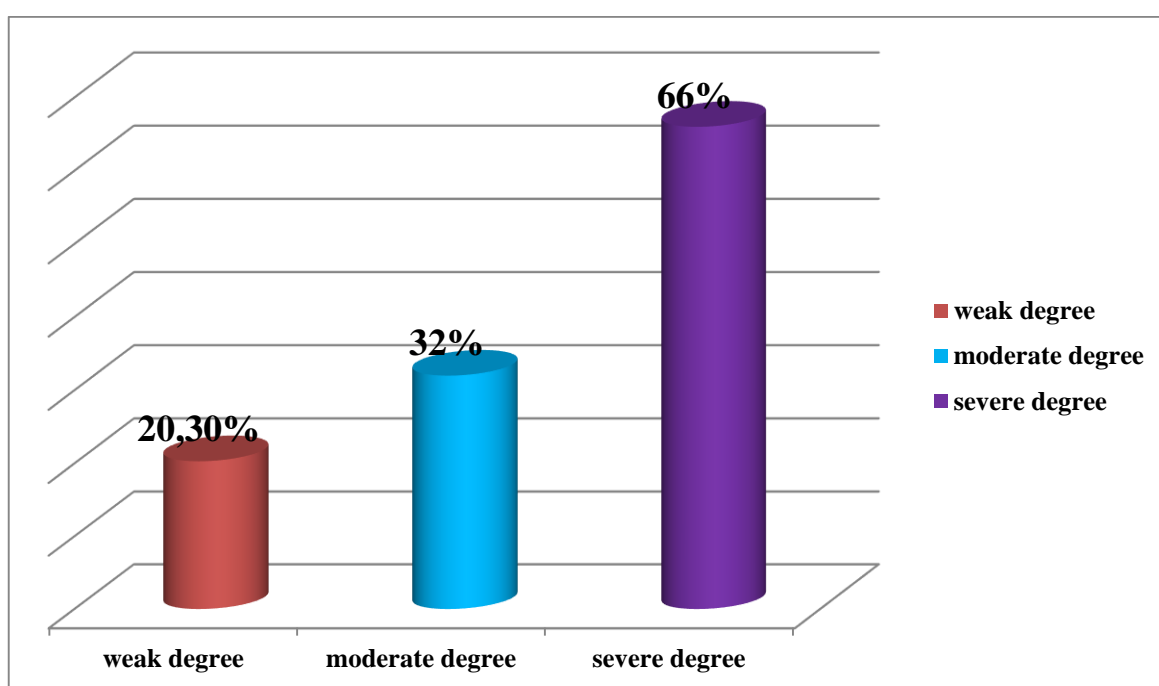
Symptoms	Number of Patients of the main group		Number of Patients control Group	
	№	%	№	%
Hot flashes	87	100.0	8	16
Profuse sweating	35	40,2	10	20
Sleep disturbance	27	31,03	12	24
Fatigability	53	60,9	14	28
Anxiety state	31	35,6	0	0

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.**Condition of women examined after treatment**

Symptoms	After 1 week			after 3-6 weeks		
	n-40	n-47	n-50	n-40	n-47	n-50
Hot flashes	5	3	3	3	2	2
Profuse sweating	4	3	2	2	3	2
Sleep disturbance	6	5	2	4	4	1
Fatigability	6	5	3	-	-	-
Anxiety state	-	1	-	-	-	-
Depression	-	-	-	-	-	-
Irritability	6	3	-	4	5	1
Decreased libido	4	3	-	3	4	2
Headaches	4	5	2	-	-	-
Palpitations	6	4	3	2	4	2
High BP	4	3	3	4	3	2

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

1. Adamyan L.V. Features of the diagnosis and treatment of pathological processes of the endometrium in elderly patients / Adamyan L.V., Melnikova N.S., Kozlova O.V. // VIII International Congress on Reproductive Medicine: materials. - Moscow, 2014.- From 7-9.
2. Prediction of uterine body cancer in women with endometrial hyperplastic processes at premenopausal age / A.L. Hunanyan, I.S. Sidorova, E.A. Kogan, D.V. Baburin // Obstetrics, gynecology and reproduction. - 2012.
3. Tikhonchuk E. Yu. Molecular biological changes in the endometrium in women with external genital endometriosis: scientific publication / E. Yu. Tikhonchuk, A.V. Asaturova, L.V. Adamyan // Obstetrics and gynecology. - M., 2016.-- N11. - C. 42-48.
4. Morotti, M., Remorgida, V., Venturini, P.L. and Ferrero, S., 2012. Endometriosis in menopause: a single institution experience. Archives of gynecology and obstetrics, 286(6), pp.1571-1575.
5. Sesti, F., Vettrano, G., Pietropolli, A., Marziali, M. and Piccione, E., 2005. Vesical and vaginal recurrent endometriosis in postmenopause following estrogen replacement therapy. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 118(2), pp.265-266.
6. Sapkota Y., Steinhorsdottir V., Morris A.P., Fassbender A., Rahmioglu N., De Vivo I., Buring J.E., Zhang F., Edwards T.L., Jones S., et al. iPSYCH SSI Broad Group: Meta

- analysis identifies five novel loci associated with endometriosis highlighting key genes involved in hormone metabolism. *Nat. Commun.* 2017;8:15539. doi: 10.1038/ncomms15539.
7. Scarfone G., Bergamini A., Noli S., Villa A., Cipriani S., Taccagni G., Vigano P., Candiani M., Parazzini F., Mangili G. Characteristics of clear cell ovarian cancer arising from endometriosis: A two center cohort study. *Gynecol. Oncol.* 2014;133:480–484. doi: 10.1016/j.ygyno.2014.03.017.
 8. Punnonen R., Klemi P.J., Nikkanen V. Postmenopausal endometriosis. *Eur. J. Obstet. Gynecol. Reprod. Biol.* 1980;11:195–200. doi: 10.1016/0028-2243(80)90069-6.
 9. Gemmell L.C., Webster K.E., Kirtley S., Vincent K., Zondervan K.T., Becker C.M. The management of menopause in women with a history of endometriosis: A systematic review. *Hum. Reprod. Update.* 2017;23:481–500. doi: 10.1093/humupd/dmx011.
 10. Marie-Scemama L., Even M., De La Joliniere J.B., Ayoubi J.-M. Endometriosis and the menopause: Why the question merits our full attention. *Horm. Mol. Biol. Clin. Investig.* 2019;37 doi: 10.1515/hmbci-2018-0071.
 11. Streuli I., Gaitzsch H., Wenger J.-M., Petignat P. Endometriosis after menopause: Physiopathology and management of an uncommon condition. *Climacteric.* 2017;20:138–143. doi: 10.1080/13697137.2017.1284781.
 12. Słopień R., Męczekalski B. Aromatase inhibitors in the treatment of endometriosis. *Prz. Menopauzalny Menopause Rev.* 2016;15:43–47. doi: 10.5114/pm.2016.58773.
 13. Montanari G., Di Donato N., Benfenati A., Giovanardi G., Zannoni L., Vicenzi C., Solfrini S., Mignemi G., Villa G., Mabrouk M., et al. Women with deep infiltrating endometriosis: Sexual satisfaction, desire, orgasm, and pelvic problem interference with sex. *J. Sex. Med.* 2013;10:1559–1566. doi: 10.1111/jsm.12133.
 14. Malek A.M., Vladutiu C.J., Meyer M.L., Cushman M., Newman R., Lisabeth L.D., Kleindorfer D., Lakkur S., Howard V.J. The association of age at menopause and all-cause and cause-specific mortality by race, postmenopausal hormone use, and smoking status. *Prev. Med. Rep.* 2019 doi: 10.1016/j.pmedr.2019.100955.
 15. Rouskova D., Mittmann K., Schumacher U., Dietrich H., Zimmermann T. Effectiveness, tolerability and acceptance of a low-dosed estradiol/dienogest formulation (Lafamme 1 mg/2 mg) for the treatment of menopausal complaints: A non-interventional observational study over 6 cycles of 28 days. *Gynecol. Endocrinol.* 2015;31:560–564. doi: 10.3109/09513590.2015.1024220.
 16. de Almeida Asencio, F., Ribeiro, H.A., Ayrosa Ribeiro, P. *et al.* Symptomatic endometriosis developing several years after menopause in the absence of increased circulating estrogen concentrations: a systematic review and seven case reports. *Gynecol Surg* **16**, 3 (2019). <https://doi.org/10.1186/s10397-019-1056-x>
 17. Bulun, S.E., Monsivais, D., Kakinuma, T., Furukawa, Y., Bernardi, L., Pavone, M.E. and Dyson, M., 2015, May. Molecular biology of endometriosis: from aromatase to genomic abnormalities. In *Seminars in reproductive medicine* (Vol. 33, No. 03, pp. 220-224). Thieme Medical Publishers.

18. Jaegle, W.T., Barnett, J.C., Stralka, B.R. and Chappell, N.P., 2017. Polypoid endometriosis mimicking invasive cancer in an obese, postmenopausal tamoxifen user. *Gynecologic oncology reports*, 22, pp.105-107.
19. Jaegle, W.T., Barnett, J.C., Stralka, B.R. and Chappell, N.P., 2017. Polypoid endometriosis mimicking invasive cancer in an obese, postmenopausal tamoxifen user. *Gynecologic oncology reports*, 22, pp.105-107.
20. Torres-Rincón, R.A., Moreno-Rojas, A. and Salinas-Parra, C., 2017. Endometriosis of the cecum in a postmenopausal women: case report and literature review. *Iatreia*, 30(3), pp.333-339.