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## **OPTIMIZATION OF TACTICS OF COMPLEX TREATMENT OF MENOPAUSAL SYNDROME**

**Resume:** There is a tendency in the world towards a progressive increase in the average life expectancy of women, which is why the problem of "menopause" is socially significant.

Against the background of age-related changes of the whole organism, during menopause, the involution of the reproductive system occurs.

The pathogenesis of this process is a decrease in the synthesis of ovarian sex hormones, which leads to a change in the function of various organs and systems.

**Keywords:** menopausal syndrome, tactics, justifications, complex treatment.

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## **ОПТИМИЗАЦИЯ ТАКТИКИ КОМПЛЕКСНОГО ЛЕЧЕНИЯ КЛИМАКТЕРИЧЕСКОГО СИНДРОМА**

**Резюме:** В мире отмечается тенденция к прогрессирующему увеличению средней продолжительности жизни женщин, именно поэтому проблема «климактерия» носит социально - значимый характер.

На фоне возрастных изменений всего организма, в период менопаузы, происходит инволюция репродуктивной системы.

Патогенезом данного процесса является снижение синтеза половых гормонов яичников, что приводит к изменению функции различных органов и систем.

**Ключевые слова:** климактерический синдром, тактика, обоснования, комплексная лечения.

**Introduction.** The problem of menopausal disorders in women is relevant all over the world, this is due to the total aging of the population due to an increase in life expectancy and a decrease in the birth rate[3]. According to WHO forecasts, 46% of women are expected to be over 45 by 2030. The study of issues related to aging occupies one of the leading places in modern medicine[1].

Aging is a natural and unavoidable process. A certain boundary in the involution of both the female and male body is the loss of reproductive function, which leads to a number of pathological changes on the part of various organs and systems. The age of menopause is quite stable and in different regions of Russia is about 50 years old[2]. Consequently, a woman spends more than a third of her life in a state of deficiency of female sex hormones[6].

The onset of menopause is one of the critical periods in a woman's life. It is in the postmenopausal period that a number of somatic and mental diseases appear, which significantly affect the quality and overall life expectancy. In 65-80% of women, as a result of physiological estrogen deficiency, which occurs several years before menopause, and then worsens with ovarian atrophy, climacteric syndrome (CS) develops[5].

In order to select the methods of statistical analysis, the compliance of the studied quantitative indicators with the law of normal distribution based on the Shapiro–Wilk criterion was verified. The reliability of the frequency differences in the groups was assessed using the exact Fisher criterion (the differences were

considered significant at values of  $p < 0.05$ ). The reliability of the statistical estimates used was assumed to be at least 95%.

**The purpose of the study.** To substantiate the expediency of complex therapy of menopausal syndrome in women with vitamin D deficiency during early postmenopause with the use of menopausal hormone therapy and colecalciferol to increase the effectiveness of treatment of clinical manifestations of menopausal syndrome, to ensure the prevention of late metabolic disorders and to improve the quality of life in the early postmenopausal age.

**Methodology and methods of research.** This research work included the application of an integrated approach and the use of general scientific methodology, formal logical and specific methods. To achieve this goal and solve certain tasks, the integrated approach used included clinical and instrumental, sociological and laboratory, statistical and other significant research methods.

**Results and discussion.** When evaluating the results of the study, we found that patients with initially the same degree of CS and BMI have significant differences in the lipid profile depending on age, which is confirmed by us in other studies.

The study found that the change in the lipid spectrum towards atherogenic dyslipidemia was significantly higher in women in the age group older than 51 years, compared with patients younger than 45 years ( $p < 0.05$ ) and older than 46-50 years ( $p < 0.05$ ).

According to the data obtained during the statistical analysis, there were no significantly significant differences between the patients of the first and third groups for the indicators of OHs ( $p = 0.1$ ) and CsLPNP ( $p = 0.06$ ). However, there was an increase in the level of OHs and CsLPNP in women of the third group compared to patients of the first and second groups ( $p < 0.05$ ).

An interesting fact is that in women with CS, as their biological age increases, along with a statistically significant increase in the indicators of OHs, TG, CsLPNP, CSLPNP, there was no expected decrease in the level of CsLPVP. Thus, the decrease in HDL values in women in cases of a hypoestrogenic condition, with an increase in age from 40 to 64 years (Table), was statistically insignificant ( $p= 0.1$ ). Although, a number of scientific papers confirm that menopause is associated with a decrease in HDL values. It is believed that isolated low values of HDL may themselves be the main risk factors for the development of coronary heart disease (CHD) in postmenopause.

**Conclusions.** In patients with CS, as the age of the woman increases, the severity of atherogenic dyslipidemia increases, but their phenotypic characteristics do not change. It can be assumed that a violation of lipid metabolism is a condition caused by a genetic component.

Thus, the relationship we have identified in women with menopausal syndrome between age and lipidogram indicators necessitates a comprehensive approach to the treatment of manifestations of CS, namely: on the one hand, menopausal hormone therapy, focusing attention when choosing a drug on the criterion of its "metabolic neutrality", and on the other hand, the appointment of lipid-lowering drugs (differentiated depending on the detected violations – nicotines, statins, fibrates, etc.), bringing the therapy of menopausal disorders in perimenopausal women to a new, "not a template", but a personalized, individually selected level for each woman.

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