

THE INFLUENCE OF HORMONAL AND PHYTO-ESTROGENS ON THE QUALITY OF LIFE DURING THE MENOPAUSE

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Relevance of the study: manifestations of climacteric syndrome (rashes, sweating, signs of depression, etc.) are more common in middle-aged women. In particular, thrush dramatically reduces the quality of life of women, which in many cases requires treatment. The quality of life of women with climacteric syndrome is significantly reduced due to the increased level of anxiety and autonomic dysfunction syndrome caused by estrogen deficiency. The premenopausal period or premenopause begins on average 4 years before the last menstrual period and is characterized by an irregular menstrual cycle, discharge, sleep disturbances, mood swings, and dry vaginal mucosa. All premenopausal women report a violation of the bleeding pattern during menstruation, about 85% of patients experience transfusions, but only 25% of them go to the doctor. The choice of individual and affordable therapy is one of the main tasks of modern gynecology. The COVID-19 virus, which has become an urgent problem of our time, affects the characteristics of sex hormones in the functioning of the immune system. Including, according to various studies, coronavirus infection is more severely carried by men than women. Its only reason is that female sex hormones, estrogens, promote the penetration of protective proteins and antibodies into cells. Accordingly, in women, antibodies quickly appear and destroy the source of viral infections. However, in postmenopausal women, estrogen decreases and progesterone hormones increase. Therefore, women of this age are prone to getting coronavirus infection.

Objective of the study: To give a clinical and laboratory comparative assessment of the health status of women with surgical and natural menopause and to study their quality of life. Evaluation of the effect of hormonal drugs and phyto-estrogens on improving the quality of life of women during surgical and natural menopause.

Materials and methods of the research: The study involved 60 women during the menopause: 20 women with surgical menopause (group 1), 20 women with natural menopause (group 2), 20 women of late reproductive and premenopausal age (control group). The quality of life of the subjects (by taking anamnesis), the severity of depression (the scale of depression), the level of hormones (laboratory) were identified. Women during natural and surgical menopause were given isoflavone from the group of phyto-estrogens, Lenzetto in the form of a transdermal spray of hormonal preparations. And the control group received a placebo.

Results of the study: Symptoms of depression were observed in 83.7% of patients in group I, in 69.7% of patients in group II and in 12.0% of women in the control group. The quality of life of women in group I was 8.2% lower than women in group II ($p < 0.01$) and 22.5% lower than women in the control group ($p < 0.001$). In women with surgical menopause, the content of FSH and LH exceeded the values of the control group by 8.8 times and 6.4 times; in women with natural menopause - 6.7 times and 4.9 times, respectively ($p < 0.001$). The content of estradiol and progesterone in women in group I was lower than in group II by 17.2% and 25.8%, respectively, and also statistically differed from those in the control group ($p < 0.01$). In 80% of women who used Lenzetto groups I-II (especially in women with surgical menopause), the severity of depression decreased, infusions stopped, and the quality of life improved. While in 62% of women using PE, the severity of depression, infusions decreased relatively. There were no changes in women who used placebo in the control group, only the severity of depression decreased by 20%.

Conclusion: The clinical manifestations of climacteric syndrome significantly impair the quality of life of women. It was found that in patients after oophorectomy, compared with patients with natural menopause, the



period of postmenopausal adaptation is more difficult, as evidenced by a more severe course of menopause and severe depressive disorders. In patients with surgical and natural menopause, there is a deficiency of steroid sex hormones, manifested by a simultaneous decrease in the level of estradiol, progesterone, an increase in the level of FSH and LH. Among all the manifestations of CS, vasomotor symptoms occupy an important place. Severe infusion and sweating disrupt social adaptation. Hormone therapy is the most effective treatment. There are a number of contraindications and restrictions for its appointment (hormone-dependent cancer, thromboembolic conditions, etc.). In addition, some women refuse this type of treatment because of their beliefs. All these factors lead to the need to find alternative ways. At the present stage, several groups of drugs with different mechanisms of action are proposed to relieve vasomotor symptoms. The effectiveness of some of them has been proven by numerous studies, while the effectiveness of others is being actively studied. It should be noted that new drugs are being developed for this purpose: in the last 5 years alone, 2 completely new drugs have been proposed (TSEC, pineamine). However, most of the proposed drugs do not have a positive effect only on vasomotor symptoms and other manifestations of CS. On the other hand, some instructions for the use of PE have contraindications to their appointment, such as hormonal drugs. To assess the effectiveness and safety of their use, it is necessary to further study the proposed drugs, especially in women with estrogen-dependent cancer in history, as well as the development of new drugs that have a positive effect on many symptoms of pathological menopause. One of the key factors of the SOVID-19 pandemic, which has now become an urgent problem, are women aged 50-60 years. Because it is at this age that the quality of life of women decreases in accordance with the period of menopause.