

FEATURES OF USING MENOPAUSAL HORMONAL THERAPY IN WOMEN IN CLIMACTERIC PERIOD

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Abstract: The topic "Using menopausal hormone therapy in women in climacteric period" is very relevant in the modern world. The paper presents a review of Russian and foreign sources devoted to the clinic, diagnosis and treatment of climacteric syndrome. The main attention of the work is paid to menopausal hormone therapy, indications and contraindications for the appointment of menopausal hormone therapy are given, diagnostic methods recommended for use before prescribing menopausal hormone therapy are described. Side effects possible with the use of menopausal hormone therapy are described.

Keywords: climacteric period, climacteric syndrome, premenopause, menopause, postmenopause, menopausal hormone therapy.

Relevance. The climacteric period is a period in a woman's life that is considered physiological. During this period, there is a gradual fading and subsequent shutdown of the functional activity of the ovaries, characterized by the cessation of estrogen production. [1–2]. This period is a period of complex age-related restructuring of the body, which is directly related to the gradual fading of the reproductive system. During the climacteric period, the quality of life of women changes significantly. [3]. The climacteric period occurs between the ages of 45 and 55. The onset of the climacteric period depends mainly on the genetic characteristics of the body [4].

According to V.P. Smetnik, given in the "Guide to Climacteric," there are 3 phases of the climacteric period [1,5]:

1. premenopause,
2. menopause,
3. Postmenopause.

Premenopause is a period that usually begins after 45 years and lasts from 2 to 6 years. Postmenopause is a time period from menopause to the persistent cessation of hormonal function of the ovaries. Perimenopause is considered to be the period from the appearance of menstrual cycle disorders and vegetative-vascular symptoms to 2 years after the cessation of the last menstruation, called menopause.

In the "Guide to Endocrinological Gynecology" by E.M. Vikhlyaeva, changes occurring during perimenopause are listed [6]:

- gradual, progressive decrease in immune protection
- increase in extragenital diseases

- increase in weather sensitivity
- occurrence of osteoporosis
- occurrence of metabolic changes
- high percentage of cardiovascular pathology
- increase in body weight

Follicular apoptosis is a programmed process, which is characterized by acceleration after 37 years. In the pathogenesis of apoptosis, the leading link is considered to be a decrease in the synthesis of inhibin in the granulosa cells of the follicles, which is the main regulator of the synthesis of FSH in the pituitary gland (follicle-stimulating hormone) [7-8].

The climacteric period is often complicated by climacteric syndrome. Climacteric syndrome is a complex of metabolic-endocrine, vegetative-vascular, mental disorders. Climacteric syndrome occurs in women against the background of the fading of the hormonal function of the ovaries and coincides with the period of general age-related involution of the body. [9].

3 types of disorders in climacteric syndrome:

- vegetative-vascular: hyperhidrosis, headaches, hot flashes, chills, dizziness, tachycardia, sympathoadrenal and vagus-insular crises; – emotional and mental: irritability, drowsiness, anxiety, depression, decreased mood, attention, memory impairment;
- metabolic and endocrine: mid-term (urogenital symptoms, changes in the skin and its appendages) and late (cardiovascular diseases, osteoporosis). The earliest and most common manifestations of climacteric syndrome are considered to be vegetative-vascular disorders, which occur in 40-80% of women in the climacteric period [9]. The most common early manifestations of CS are vegetative-vascular, which occur in 40-80% of women in CP [12]. The average duration of vegetative-vascular disorders is 7.4 years, which significantly affects women's health, increasing the risk of cardiovascular diseases, as well as metabolic and endocrine disorders [10]. The main pathogenetic cause of climacteric syndrome is estrogen deficiency, which leads to dysfunction of the hypothalamic-pituitary system.

Modern methods of treating climacteric syndrome are divided into hormonal and non-hormonal methods.

Among hormonal agents are:

- oral estrogens,
- gestagens,
- transdermal estrogens,
- Combined drugs (estrogens + progestogens).

Menopausal hormone therapy (MHT) is considered significant in the treatment of climacteric syndrome. The essence of this therapy is considered to be the pharmacological replacement of the hormonal function of the ovaries with a deficiency of sex hormones. Menopausal hormone therapy helps to improve the quality of life of a woman, which helps to prevent many complications and extragenital diseases that occur during the climacteric period. Indications for prescribing menopausal hormone therapy [11]:

- the presence of vasomotor and psychovegetative climacteric disorders associated with estrogen deficiency,
- genitourinary disorders associated with atrophic processes in the lower genitourinary tract,
- prevention of osteoporosis and fractures, premature, early and artificial menopause

Before prescribing menopausal hormone therapy, it is necessary to conduct an examination:

- a study of the level of blood hormones (FSH, LH, prolactin, thyroid-stimulating hormone (TSH)),
- examination of the condition of the cervix and mammary glands (cytological screening, mammography),
- Ultrasound of the pelvic organs and other methods in accordance with the indications.

Table 1

Contraindications to the use of menopausal hormone therapy [12]	
Absolute contraindications to HRT	Relative contraindications to HRT
-bleeding from the genital tract of unknown genesis -breast cancer and endometrial cancer, -acute hepatitis -acute deep vein thrombosis -acute thromboembolism -allergy to the components of the drug, -cutaneous porphyria	-uterine fibroids -endometriosis -venous thrombosis and embolism -familial hypertriglyceridemia -cholelithiasis -epilepsy -history of ovarian cancer

Table 2

Side effects of menopausal hormone therapy		
Estrogens	Progestogens	
	Progesterone derivatives	19-Norsteroid Derivatives
-nausea -pastosity -weight gain -fluid retention -migraine headaches -leg muscle cramps and swelling -cholestasis and cholelithiasis -excessive cervical mucus discharge	-engorgement of the mammary glands -dryness in the vagina -hypomenorrhea -decreased libido -dysphoria -weakness, fatigue	-seborrhea -decreased timbre of voice -increased appetite weight gain -decreased HDL cholesterol

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