**PERSPECTIVES OF USING ALLOPREGNANOLON IN TREATMENT OF POSTPARTUM DEPRESSION**

Gubskaya O.N.

*Kharkiv National Medical University*

*Department of Pharmacology and Medical Recipe*

*Ukraine, Kharkov*

[gubskaya\_ok@ukr.net](mailto:gubskaya_ok@ukr.net)

Postpartum depression (PDP) is one of the forms of depression that develops in women after childbirth. Clinical manifestations may include changes in the emotional sphere, cognitive impairment, somatic dysfunctions (decreased overall activity, anergy, changes in the habitual rhythm of sleep and wakefulness, eating behavior ).

Progesterone is not just an intermediate product of sex hormones and corticosteroids synthesized by the peripheral glands of internal secretion. Steroidogenesis organs in the central part also correspond to it’s products, namely astrocytes and oligodendrocytes of neuroglia and Purkinje cells of the cerebellum. Special effects on the central nervous system are metabolized by progesterone - 5-alpha-pregnanolone and allopregnanolon. The latter has neuroprotective, anti-stress, anxiolytic, anti-aggressive, analgesic, anesthetic and antidepressant properties. Such pharmacological activity of allopregnanolon is partially explained by the modulating effect on non-cytosolic receptors, which induces changes in the functional activity of the neuron: stimulation of gamma-aminobutyric acid receptors through a specific neurosteroid site of the GABA receptor, and the effect on the exchange of neurotransmitters - inhibition of serotonin reuptake.

The main properties of allopregnanolon cause the development of certain pathologies when it is insufficiently developed in the central nervous system. The most extensive list of disorders is associated with gynecological practice - it is a neuropsychic form of premenstrual syndrome, premenstrual migraine, menopausal depression and, of course, postpartum dysphoric disorder.

Standards for the treatment of postpartum depression include antidepressants affecting serotonin reuptake, as well as anxiolytic therapy, for which benzodiazepine derivatives are mainly used. These groups of drugs have significant side effects. So for fluoxetine are all kinds of disorders from the nervous system (dystonia, tremor, agitation, manifestations of suicidal syndrome, manic syndrome, etc.), sexual dysfunction, serotonin syndrome, hyperprolactinaemia, etc. If we talk about benzodiazepine derivatives to a number of side effects, we should add the syndrome cancellation and drug dependence. Allopregnanolon does not have this activity, but on the contrary there are prosocial and prosexual activities. It is worth noting that the synthetic analogs of allopregnanolon are at the stage of clinical trials, so it is premature to talk about the complete safety of such drugs.

Based on the foregoing statements, it is possible to draw such conclusions: allopregnanolon has the necessary activity and effectiveness for use in the therapy of postpartum depression. Comparison with the standards of recommended therapy for this disease shows the promise of allopregnanolon, as well as the need for further research.

**Реєстраційна картка**

Прізвище: ***Губська***

Ім’я: ***Оксана***

По-батькові: ***Миколаївна***

Науковий ступінь, вчене звання: ***-***

Місце роботи, посада: ***Асистент кафедри фармакології та медичної рецептури ХНМУ***

Адреса: **61022 м. Харків, пр. Науки, 4, ХНМУ кафедра фармакології та медичної рецептури**

Тел: **0950245290**

E-mail: [gubskaya\_ok@ukr.net](mailto:gubskaya_ok@ukr.net)

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