Palamarchuk V.V., Rogachyova N.Sh.

FEATURES OF THE CLIMACTERIC PERIOD IN WOMEN WITH

HYPODYNAMIA

 Kharkiv National Medical University, Kharkiv, Ukraine

Background. Change in a demographic situation in the developed countries in the second half of XX century has led to increase of women of the senior age groupin population. For some occupational categories hypodynamia is the professional factor. On the one hand, a lack of sufficient information aboutpernicious influence of hypodynamia on a human body and, on the other part, an excessive load or inability to organize the free timecorrectly have caused the hypodynamia phenomenon as a style of life.

Objective. To study the influence of hypodynamia on the course of climacteric period in women.

Materials and methods. 150 women, aged from 40 to 55, have been examined. Group I consisted of 50 women with an early menopause (EM) and hypodynamia who were in perimenopausal and early postmenopausal period (until 2 years).Group II included women with a timely menopause and hypodynamia. Group III consisted of 50 women of the appropriate age and a climacteric period (CP), but with a sufficient motor activity. Hypodynamia was defined under specially developed questionnaire. Pelvic ultrasound was made by means of the apparatus Philips Medical Systems DH11XE with use of vaginal and abdominal sensors with calculation of an index of ovarian size, stromal-follicular index and ovarian-uterine index. Hemodynamics of vessels of small pelvis was detected by means of transabdominal ultrasonic dopplerography with calculation of a coefficient of skew circulation and the pulsation index (PI). The estimate of features of the course of a climacteric syndrome (CS) was done by calculation of Cupperman's index (Cl) and menopausal index (MPI).The level of gonadotropic and sexual steroid hormones was studied.

Results. Of all examined women it was revealed that only 9 (6 %) women had normalmenstrual cycle (MC), 30 (20 %) patients suffered from different kinds of MC disturbances which were estimated as premenopause taking into account the other investigations, 45 (30 %) women noted amenorrhea with duration less than 1 year and 39 (26 %) reported amenorrhea, lasted from 1 to 2 years. 27 (18 %) women were in postmenopause from 2 to 5 years. Feature of a menopause in hypodynamia is its early occurrence: in 24 % of women the menopause has occurred at the age from 40 to 45 years old, and in 15 % - until 40 years old. In the study of features of clinical course of CP in inspected women with perimenopause a high frequency CS is discovered in patients with EM and hypodynamia in comparison with women with a normal motor activity - accordingly 90 % and 66 % (p<0,05) more. Thus in women with hypodynamia CS proceeded more severely, that was testified by a serious degree of CS in groups I and II - 18 % in comparison with the appropriate index in group III - 9 % (p<Q,G5). Raising of LH and FSft in perimenopause in women with hypodynamia was met less often, than in patients with normal motor activity. In dopplerographyof vessels of small pelvis in the majority of women with a hypodynamia hemodynamic disturbances (disturbance of elasticity of left ovarian artery) were detected while in comparative group the patients with a normal hemodynamics in genital vessels predominated. PI in a.uterinae practically did not differ. As to a.ovarica in perimenopause in 20 % women of comparison group there have been defined the disturbance of elasticity of left ovarian artery where PI exceeded 0.3 whereas in group with hypodynamia the corresponding index of the left terine artery was determined in 80 % women.

Conclusion. In women with hypodynamia an early occurrence of menopause and more serious course of a climacteric syndrome even in perimenopause are characteristic. In women with hypodynamia in perimenopause hemodynamic disturbances (circulation in organs of a small pelvis), raising pulsation index due to elasticity reduction of ovarian arteries became perceptible. In hypodynamia the early menopause is characterized by more expressed level recession of sexual steroid hormones, raising level of gonadotropic hormones in perimenopause, than in women who have an active lifestyle.