WHAT ARE THE SYMPTOMS OF VITAMIN D DEFICIENCY IN MENOPAUSAL WOMEN

[1]Dilobar Xudoynazarova Nuriddinovna

Amanova Madina Furkatovna

[2]Scientific advisor.

[1]Samarkand State Medical University

1st year clinical resident, Department of Obstetrics and Gynecology No. 3

[2]Assistant at the Department of Obstetrics and Gynecology No. 1, Samarkand State Medical University

https://doi.org/10.5281/zenodo.14836375

Relevance of the study: A prospective single-stage clinical study was conducted on 70 women aged 43-57 years (mean age in groups 1 and 2, 48.4±2.2 and 49.1±1.8 years, respectively, without statistically significant differences) in surgical postmenopause lasting from 1 to 5 years. Patients signed voluntary informed consent to participate in the study. All women consulted an obstetrician-gynecologist with complaints of climacteric symptoms of varying severity to decide on the appointment of HRT.

Materials and methods: The study included 70 women aged 43-57 years in surgical postmenopause, which lasted from 1 to 5 years. Before the start of the study, all patients had vitamin D deficiency (less than 20 ng / ml). Depending on the type of HRT prescribed, the patients were divided into 2 groups of 30 people. In group 1, monotherapy with transdermal estrogens was prescribed (17β-estradiol - gel for external use). In group 2, combined estrogen-progestogen oral MHT (1 mg 17β-estradiol + 5 mg dydrogesterone) was prescribed. In addition to MHT, all patients received cholecalciferol (vitamin D) at a dose of 6000-8000 IU per day for 8 weeks.

A standard general clinical examination was performed, including biochemical blood tests, lipidogram, phosphorus-calcium metabolism parameters, mammography, pelvic ultrasound, and dual-energy X-ray absorptiometry. All parameters were within reference values, and no statistically significant differences were found between the groups.

Before the study, all patients had vitamin D deficiency (less than 20 ng/ml) and underwent total or subtotal hysterectomy with adjuncts due to combined uterine and ovarian pathology (uterine fibroids and benign ovarian tumors, adenomyosis and benign ovarian tumors).

Research results: against the background of combined MHT, a significant increase in serum vitamin D levels was observed compared to the monotherapy group - with equal doses of drugs and the same initial level of vitamin deficiency.

The prevalence of vitamin D deficiency is 28 to 40% [13]. The importance of vitamin D supplementation is undeniable. It improves calcium and phosphate absorption, thereby promoting musculoskeletal health. Dietary intake is inversely associated with early menopause, but no studies have confirmed a similar risk for plasma 25-hydroxyvitamin D [25(OH)D] concentrations [8].

According to the literature, a decrease in its level is associated with the development of postmenopausal osteoporosis, but not with the severity or progression of climacteric symptoms.

Several studies have not found a clinically significant relationship between serum 25(OH)D levels and menopausal symptoms in women [9, 10].

Depending on the type of HRT recommended, patients were divided into 2 groups of 30 people. In group 1, women after hysterectomy were prescribed monotherapy with transdermal estrogens (17β-estradiol - gel for external use). In group 2, combined estrogen-progestogen oral MHT (1 mg 17β-estradiol + 5 mg dydrogesterone) was recommended in a long-term regimen.

In addition to MHT, all patients were recommended to take oral cholecalciferol (vitamin D). Correction of vitamin D deficiency was performed at a dose of 6000-8000 IU per day for 8 weeks.

Conclusion: The inclusion of a progestogen component in the HRT regimen increases the absorption of vitamin D, and with equal initial values and equal replenishment doses, its level increases more quickly. In this regard, in the presence of a pronounced deficiency of vitamin D, it is recommended to give preference to combined estrogen-progestogen forms of HRT to replenish it more quickly. It is necessary to continue studies in different geographical populations with large samples to identify differences in vitamin D absorption in order to clarify the mechanisms of action of vitamin D in this group of patients and determine a complex therapy regimen for individualized correction.

REFERENCES

1. Andryev S. et al. Experience with the use of memantine in the treatment of cognitive disorders //Science and innovation. – 2023. – T. 2. – №. D11. – C. 282-288.
2. Antsiborov S. et al. Association of dopaminergic receptors of peripheral blood lymphocytes with a risk of developing antipsychotic extrapyramidal diseases //Science and innovation. – 2023. – T. 2. – №. D11. – C. 29-35.
3. Asanova R. et al. Features of the treatment of patients with mental disorders and cardiovascular pathology //Science and innovation. – 2023. – T. 2. – №. D12. – C. 545-550.

4. Begbudiyev M. et al. Integration of psychiatric care into primary care //Science and innovation. – 2023. – T. 2. – №. D12. – C. 551-557.
5. Bo'Riyev B. et al. Features of clinical and psychopathological examination of young children //Science and innovation. – 2023. – T. 2. – №. D12. – C. 558-563.
6. Borisova Y. et al. Concomitant mental disorders and social functioning of adults with high-functioning autism/asperger syndrome //Science and innovation. – 2023. – T. 2. – №. D11. – C. 36-41.
7. Ivanovich U. A. et al. Efficacy and tolerance of pharmacotherapy with antidepressants in non-psychotic depressions in combination with chronic brain ischemia //Science and Innovation. – 2023. – T. 2. – №. 12. – C. 409-414.
8. Nikolaevich R. A. et al. Comparative effectiveness of treatment of somatoform diseases in psychotherapeutic practice //Science and Innovation. – 2023. – T. 2. – №. 12. – C. 898-903.
9. Novikov A. et al. Alcohol dependence and manifestation of autoagressive behavior in patients of different types //Science and innovation. – 2023. – T. 2. – №. D11. – C. 413-419.
10. Pachulia Y. et al. Assessment of the effect of psychopathic disorders on the dynamics of withdrawal syndrome in synthetic cannabinoid addiction //Science and innovation. – 2023. – T. 2. – №. D12. – C. 240-244.
11. Pachulia Y. et al. Neurobiological indicators of clinical status and prognosis of therapeutic response in patients with paroxysmal schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 385-391.
12. Pogosov A. et al. Multidisciplinary approach to the rehabilitation of patients with somatized personality development //Science and innovation. – 2023. – T. 2. – №. D12. – C. 245-251.
13. Pogosov A. et al. Rational choice of pharmacotherapy for senile dementia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 230-235.
14. Pogosov S. et al. Gnostic disorders and their compensation in neuropsychological syndrome of vascular cognitive disorders in old age //Science and innovation. – 2023. – T. 2. – №. D12. – C. 258-264.
15. Pogosov S. et al. Prevention of adolescent drug abuse and prevention of yatrogenia during prophylaxis //Science and innovation. – 2023. – T. 2. – №. D12. – C. 392-397.
16. Pogosov S. et al. Psychogenetic properties of drug patients as risk factors for the formation of addiction //Science and innovation. – 2023. – T. 2. – №. D12. – C. 186-191.
17. Prostyakova N. et al. Changes in the postpsychotic period after acute polymorphic disorder //Science and innovation. – 2023. – T. 2. – №. D12. – C. 356-360.

18. Prostyakova N. et al. Issues of professional ethics in the treatment and management of patients with late dementia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 158-165.
19. Prostyakova N. et al. Sadness and loss reactions as a risk of forming a relationship together //Science and innovation. – 2023. – T. 2. – №. D12. – C. 252-257.
20. Prostyakova N. et al. Strategy for early diagnosis with cardiovascular diseaseisomatized mental disorders //Science and innovation. – 2023. – T. 2. – №. D12. – C. 166-172.
21. Rotanov A. et al. Comparative effectiveness of treatment of somatoform diseases in psychotherapeutic practice //Science and innovation. – 2023. – T. 2. – №. D12. – C. 267-272.
22. Rotanov A. et al. Diagnosis of depressive and suicidal spectrum disorders in students of a secondary special education institution //Science and innovation. – 2023. – T. 2. – №. D11. – C. 309-315.
23. Rotanov A. et al. Elderly epilepsy: neurophysiological aspects of non-psychotic mental disorders //Science and innovation. – 2023. – T. 2. – №. D12. – C. 192-197.
24. Rotanov A. et al. Social, socio-cultural and behavioral risk factors for the spread of hiv infection //Science and innovation. – 2023. – T. 2. – №. D11. – C. 49-55.
25. Rotanov A. et al. Suicide and epidemiology and risk factors in oncological diseases //Science and innovation. – 2023. – T. 2. – №. D12. – C. 398-403.
26. Sedenkov V. et al. Clinical and socio-demographic characteristics of elderly patients with suicide attempts //Science and innovation. – 2023. – T. 2. – №. D12. – C. 273-277.
27. Sedenkov V. et al. Modern methods of diagnosing depressive disorders in neurotic and affective disorders //Science and innovation. – 2023. – T. 2. – №. D12. – C. 361-366.