SOMATIC HEALTH STATUS OF WOMEN DURING NATURAL MENOPAUSE: MODERN METHODS OF CLINICAL AND PSYCHOSOCIAL ASSESSMENT

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Research objective

Menopause is a natural physiological transition in a woman's life, marked by the cessation of menstruation and significant hormonal changes, particularly a decline in estrogen levels. This period is often accompanied by various somatic symptoms, including vasomotor disturbances, musculoskeletal discomfort, and metabolic alterations, which can adversely affect the quality of life. This study aims to assess the somatic health status of women undergoing natural menopause, identify prevalent symptoms, and explore effective management strategies. A cross-sectional analysis was conducted involving 200 women aged 45–60 years experiencing natural menopause.

Data were collected through structured questionnaires, clinical evaluations, and laboratory tests. The findings revealed a high prevalence of vasomotor symptoms (68%), musculoskeletal pain (54%), and metabolic disturbances (47%). Psychological symptoms such as mood swings and sleep disturbances were also common. The study underscores the importance of a holistic approach to managing menopausal symptoms, incorporating lifestyle modifications, psychological support, and, when necessary, medical interventions to improve the overall well-being of menopausal women. Menopause represents a significant physiological transition in a woman's life, characterized by the cessation of menstruation and a decline in estrogen levels. This hormonal shift is associated with a range of somatic and psychological symptoms that can adversely affect a woman's quality of life. Common somatic symptoms include vasomotor disturbances (such as hot flashes and night sweats), musculoskeletal pain, and metabolic alterations like weight gain and dyslipidemia.

Introduction

Menopause signifies the end of a woman's reproductive years and is characterized by the permanent cessation of menstruation due to the decline in ovarian follicular activity. This transition

typically occurs between the ages of 45 and 55 and is associated with a decrease in estrogen and progesterone levels. The hormonal fluctuations during menopause can lead to various physiological and psychological changes, impacting a woman's somatic health and overall quality of life. Menopause is a natural biological process marking the end of a woman's reproductive years, typically occurring between the ages of 45 and 55.

This transition is characterized by the cessation of ovarian follicular activity, leading to decreased production of estrogen and progesterone. These hormonal changes are associated with various physiological and psychological symptoms that can significantly impact a woman's health and quality of life.

Vasomotor symptoms, including hot flashes and night sweats, are among the most commonly reported complaints during menopause. Additionally, women often experience musculoskeletal discomfort, such as joint and muscle pain, which can be attributed to hormonal changes affecting bone density and muscle mass. Metabolic alterations, including weight gain, insulin resistance, and dyslipidemia, further complicate the health status of menopausal women, increasing the risk of cardiovascular diseases and type 2 diabetes.

Psychological symptoms, such as mood swings, anxiety, depression, and sleep disturbances, are also prevalent during this period, often exacerbated by the physical discomforts experienced. These multifaceted symptoms necessitate a comprehensive approach to management, focusing on both physical and mental health aspects.

This study aims to evaluate the somatic health status of women undergoing natural menopause, identify the most prevalent symptoms, and discuss effective strategies for managing these health challenges to enhance the quality of life during this transitional phase.

Materials and Methods

Study Design and Participants:

A cross-sectional study was conducted at the Department of Obstetrics and Gynecology No. 3, Samarkand State Medical University, from January to December 2024. The study included 200 women aged 45–60 years who were experiencing natural menopause, defined as the absence of menstruation for at least 12 consecutive months without surgical intervention.

Participants completed a structured questionnaire assessing demographic information, medical history, lifestyle factors, and menopausal symptoms. Clinical evaluations included measurements of body mass index (BMI), blood pressure, and physical examination focusing on musculoskeletal and cardiovascular systems. Laboratory tests assessed lipid profiles, fasting blood glucose levels, and bone mineral density.

Results

Demographic and Clinical Characteristics:

The mean age of participants was 52.3 ± 4.2 years. The majority were married (78%), and 65% were employed. The average BMI was 27.8 ± 3.5 kg/m², indicating a tendency toward overweight status.

Prevalence of Somatic Symptoms:

Vasomotor Symptoms: 68% reported experiencing hot flashes and night sweats, with varying frequency and intensity.

Musculoskeletal Pain: 54% reported joint and muscle pain, predominantly in the lower back and knees.

Metabolic Changes: 47% exhibited signs of metabolic disturbances, including weight gain, elevated fasting glucose, and dyslipidemia.

Psychological Symptoms: 60% reported mood swings, 45% experienced sleep disturbances, and 38% reported feelings of anxiety or depression.

Laboratory Findings:

Elevated fasting glucose levels were observed in 30% of participants.

Dyslipidemia, characterized by increased LDL cholesterol and triglycerides, was present in 35%.

Reduced bone mineral density, indicative of osteopenia or osteoporosis, was detected in 40% of the women.

Discussion

The findings of this study highlight the multifaceted nature of somatic health challenges faced by women during natural menopause. The high prevalence of vasomotor symptoms aligns with existing literature, emphasizing the need for effective management strategies to alleviate discomfort and improve daily functioning.

Musculoskeletal pain, reported by over half of the participants, underscores the impact of hormonal changes on bone and muscle health. The decline in estrogen levels during menopause is known to contribute to decreased bone density and muscle mass, increasing the risk of osteoporosis and sarcopenia. These findings suggest the importance of incorporating weight-bearing exercises and nutritional interventions to support musculoskeletal health.

Metabolic disturbances observed in nearly half of the participants raise concerns about the increased risk of cardiovascular diseases and type 2 diabetes during menopause.

Lifestyle modifications, including dietary changes and regular physical activity, are essential components of managing these risks.

Conclusion

Musculoskeletal pain, reported by over half of the participants, underscores the impact of hormonal changes on bone and muscle health. The decline in estrogen levels during menopause is known to contribute to decreased bone density and muscle mass, increasing the risk of osteoporosis and sarcopenia. These findings suggest the importance of incorporating weight-bearing exercises and nutritional interventions to support musculoskeletal health.

A holistic approach to managing menopause, encompassing lifestyle modifications, psychological support, and medical interventions when necessary, is crucial for improving health outcomes. Healthcare providers should prioritize individualized care plans that address the unique needs of each woman during this transitional phase.

Further research is warranted to explore the long-term effects of various management strategies and to develop comprehensive guidelines for supporting women's health during menopause.

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