

ASSESSING THE RISK OF CARDIOVASCULAR DISEASE DURING THE CLIMACTERIC PERIOD OF WOMEN

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ANNOTATION

The article describes the mechanisms of assessing the risk of cardiovascular disease in women during the climacteric period, its origin and incidence.

Keywords: Climacteric period, illness, cardiovascular disease, risk, women.

INTRODUCTION

Mortality from cardiovascular diseases is the leading cause of death for women in the world. The risk of death from cardiovascular disease is 5 times higher than the risk of death from breast cancer. This risk is especially high in postmenopausal women. According to statistics, the relative risk of coronary heart disease in postmenopausal women is approximately 2.7 times higher than in women of the same age, but with preserved ovarian function. If in premenopausal women the frequency of hypertension is 8.2%, then in postmenopausal women it is 52.4%. And, alas, only 10% of female representatives experience this period without negative consequences and complications. Today, there is no doubt about the close relationship between the functioning of the cardiovascular and reproductive systems in women.

As we know, with the natural physiological development of the female body goes through different periods. One of them is climacteric, which is characterized by the dominance of involutinal processes in the reproductive system. Interestingly, in translation from Greek, climacteric means "step of a ladder."

The menopause begins an average of 8 years before the onset of menopause and is the transition between the reproductive and non-reproductive phases in a woman's life. A decrease in the synthesis of sex hormones in the ovaries during this period and a sharp drop in the level of estradiol as a result of the termination of normal ovarian function with the onset of menopause lead to hypoestrogenism. In menopause, the predominant estrogen is not estradiol (as in young women), but estrone, androstenedione secretion decreases. Progesterone with the onset of menopause is also synthesized in a much smaller amount by the adrenal glands in a monotonous mode (in contrast to the ovulatory cycle, during the second phase of which progesterone is synthesized by the corpus luteum of the ovaries).

In old and old age, a decrease in the level of estrogen, estradiol, estrone in the blood plasma is observed, in parallel, the concentration of follicle-stimulating hormone increases. A decrease in the level of circulating estrogens increases the activity of adrenergic and cholinergic receptors, as well as adrenergic and cholinergic systems. At this time, the formation and activity of endothelial factors and prostaglandins in the blood plasma decreases, changes in the systems of hormone receptor dependence are observed. Normally, in women in the postmenopausal period, changes in the activity of various systems provide an adequate response for the implementation of the adaptive behavior of the body. However, the occurrence of even minimal disturbances in the central regulatory mechanisms against the background of age-related

disturbances in the activity of the hypothalamus and limbic system can serve as the basis for maladaptation of the body ("failure of adaptation") in the environment, i.e. manifestations of the disease, as noted in menopausal syndrome.

The lack of estrogens negatively affects the metabolism of calcium ions, reducing its entry into myocytes, increasing the tone of vascular smooth muscles, increasing the blood flow rate and, as a result, increasing blood pressure. Age and a progressive increase in body weight are of independent importance. Estrogen receptors are located not only in the tissue of the uterus and vagina, but also in the cells of the muscles of the pelvic floor, heart and arteries of the brain, skin, bones, in the mammary glands, urethra, bladder, mucous membranes of the mouth, conjunctiva, larynx and etc. Sex hormones affect the functions of various organs and systems of the body. Against the background of estrogen deficiency in menopause, their pathological conditions may occur: with hypoestrogenism, osteoporosis, hormonal cardiopathy, climacteric syndrome, depressive states, and senile psychoses develop over time. Therefore, doctors of many specialties have to face the problem of menopausal disorders: therapists, cardiologists, endocrinologists, gerontologists, orthopedic traumatologists, neuropathologists, psychiatrists, dentists, dermatologists, family doctors, etc.

In the spectrum of the genesis of disorders that occur against the background of hypoestrogenism in the menopause, hypothalamic-pituitary dysfunction deserves special attention. An insufficient level of dopaminergic activity of the hypothalamus induces hyperaldosteronism, resulting in sodium retention in the body and diuresis decreases.

In menopausal women, along with an increase in blood pressure, an increase in the content of atherogenic low-density lipoproteins and a decrease in the level of anti-atherogenic high-density lipoproteins are often noted, which contributes to the progression of atherosclerosis. Fibrinogen activity also increases, blood viscosity increases and, as a rule, insulin resistance occurs, insulin metabolism is disturbed. All this accelerates the progression of cardiovascular diseases.

Despite the fact that the most dangerous are late violations, most of all women suffer from early disorders associated with the loss of not only health, but also femininity and attractiveness. The subjective symptoms of menopause are perceived differently, with almost every twentieth woman becoming unable to work, and every third woman making a variety of complaints. In the first place are vegetative symptoms, and hot flashes stand out here, usually coming at night and affecting the upper half of the body. Complaints of pain in the heart, nervousness, depression and forgetfulness should not be underestimated. Progressive irritability, headaches, fatigue and dizziness are also signs of menopausal hormonal changes. In women with menopausal metabolic syndrome, there is a significant increase in body weight, while the volume of the hips decreases or does not change, and the volume of the waist increases.

REFERENCES

1. Ergasheva M.T. Khaidarov S.N. Evaluation of endothelial dysfunction in patients with metabolic syndrome.
2. Аметов А.С., Демидова И.Ю., Целиковская А.Л. Ожирение и сердечно-сосудистые заболевания. Тер архив 2001; 8: 66-9.

3. Оганов Р.Г., Перова Н.В., Метельская В.А. Абдоминальное ожирение у больных артериальной гипертонией: атерогенные нарушения в системе транспорта липидов и обмена углеводов. РКЖ 2001; 31(5): 16-20.
4. Kannel WB, Cuppels LA, Ramaswami R, et al. M. Regional obesity and risk of cardiovascular disease; the Framingham study. J Clin Epidemiol 1991; 44(2): 183-90.
5. Репина М.А. Менопаузальный метаболический синдром и ожирение. Ж акуш жен бол 2003; 3: 75-84.
6. Kuh D, Langenberg C, Hardy R, et al. Cardiovascular risk at age 53 years in relation to the menopause transition and use of hormone replacement therapy: a prospective British birth cohort study. BJOG 2005; 112(4): 476-85.
7. Spencer CP, Godsland IF, Stevenson JC. Is there a menopausal metabolic syndrome. Gynecol Endocrinol 1997; 11(5): 341-55.