THE HORMONAL AND NON-HORMONAL THERAPY IN WOMEN WITH STRESS-RELATED MENSTRUAL DISORDERS.

Aim: study indications for hormonal and non-hormonal therapy in women with stress-related menstrual disorders and to determine the duration of therapy.

Materials and methods: 72 women of early reproductive age where stress was defined as the cause of menstrual dysfunction was examined. After the research (the hormonal and psychological status were examined), at stage 1 a non-hormonal therapy was given (3 courses). Stage 2 consisted of hormone therapy (COC, progestogens, or hormone replacement therapy).

Results: Non-hormonal therapy was effected in 12 women (16,7%).

In women with oligomenorrhea (sexually-active) we recommended COCs or progestogens. To prevent the effects of estrogen deficiency in women with amenorrhea (n=12) hormonal replacement therapy was used. Mandatory component of the treatment if necessary, was the use of psychotropic therapy. Recovery was defined as the occurrence of at least three consecutive regular cycles. Restore menstruation after 3 courses of hormonal therapy registered in 15 women (20%). In other women (n=45) hormone therapy was extended for 6 months or more after the end of therapy restore menstruation noted for the period from 6 to 10 months at the maximum followed up 1 year (5 women with amenorrhea have had recurrent menstrual disorders after therapy).

Conclusion: Non-hormonal therapy was effected in women who had the first episodes of menstrual disorder and normal hormonal status. Hormonal therapy should be used in patients with an impaired hormonal profile and recurrent episodes of violations of the menstrual cycle. In the absence of violations in the hormonal status, episode regular menstruation in history is indicated of short-term hormone therapy (up to 3 months). Long-term hormone (over 6 months) therapy is indicated for women with persistent disruption of menstrual function.