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TITLE

THE DELICATE AGE'S PROBLEMS

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ABSTRACT

The aim of this study was the upgrading the diagnostic approaches in climacteric syndrome, directed on estimation its clinical-pathological form for therapy options.

Materials and Methods: There were 170 patients 50-55yy.

Results: the hot flashes more than 10 times a day were in 18.24%, more than 20 times a day in 7.65%, less than 10 per day in 45.29%. The hot flashes without reddening were in 23.97%. The intensive reddening was in 33.05%; the reddening that worried sometimes in 42.98%. The hot flashes have not been accompanied by sweats in 16.7%, and excessive sweats were on the whole of body in 24.79% patients. In 19.83% hot flashes accompanied by constrained respiration. More than half of patients have noted that the hot flashes were accompanied by sense of anxiety. The nocturnal sweats worried constantly in 21,18%, in 39.41% cases it happened sometimes, and 39.41% were free from it. In 22.36% of women have noted the increased hyperhidrosis. The chills and coldness was in 42.35%; it was constantly in 11.76% of women, and 31.76% were free from it. Based on increased levels of prolactin as the possible reason these vegetative states, we have estimated its values: it was increased in 54.7%. The level of prolactin one year after last physiological menses among the patients with night sweats, hyper excitability etc. was 387.4 ± 16.3 mME/l; in women without these complaints the prolactin values were 156.8 ± 5.3 mME/l. The therapy of climacteric syndrome was directed on decreasing of prolactin level. 2 months later the prolactin level became 194.7 ± 7.9 mME/l, after 6 months 137.4 ± 5.6 mME/l.

Conclusion: Thus, the prolactin screening should be included in outpatient examination especially in women with climacteric syndrome manifestations. In case increased prolactin over 150 mME/l in postmenopause the treatment directed on decreasing of it is reasonable to improve quality of life.

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