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THE PROBLEM OF OSTEOPOROSIS IN WOMEN OF CLIMACTERIC AGE

Resume. Climacterium (Greek. - step (degree)) - is a transitional period of women's life, in which the functions of the ovaries decrease, stop completely and, accordingly, have changes . This is the level between youth and old age. Osteoporosis-a change in hormonal function that results in bone mass decreases and bone weakness is a negative complication and increases the risk of fracture.

Key word: climacteric period, osteoporosis, myelopathy, neuropathy, neuralgia, vertebrobasilar syndrome

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ПРОБЛЕМА ОСТЕОПОРОЗА У ЖЕНЩИН КЛИМАКТЕРИЧЕСКОГО ВОЗРАСТА

Резюме. Climacterium (греч. - step (степень)) - это переходный период жизни женщины, в котором функции яичников снижаются, прекращаются полностью и, соответственно, имеют изменения. Это уровень между молодостью и старостью. Остеопороз - изменение гормональной функции,

которое приводит к уменьшению костной массы и слабости костей, является негативным осложнением и увеличивает риск перелома.

Ключевые слова: климактерический период, остеопороз, миелопатия, невропатия, невралгия, вертебробазилярный синдром.

Klimaks (grech. - leap (stage)) – for the transitional period in the life of women undergoing changes in the ovaries related to the functioning of the ovaries and for the same, and for procrastination. The stage between youth and (leap) old age. One of the negative complications of eyeing hormonal activity is osteoporosis-a decrease in bone mass and, as a result, an increase in the risk of bone fragility and fracture. A decrease in the density of the bones leads to a rapid process of osteochondrosis in humans and, as a result, various or national changes in the central nervous system, peripheral and negative eyzgarmas. Complications of osteoporosis and osteochondrosis include: myelopathy, neuropathy, neuralgia, vertebro-basillary syndrome, and b.

It occupies a long period in life – begins approximately from the age of 45 years and lasts up to 65-70 years, and is considered a female person who does not eat from the period of fertil (childbirth) to the period of old climacteric period. All pathologies in the system of reproductive (sexual) manifestations in women of eyezgarms that trigger processes. This reproductive aging is known as suppression of the activity of the ovaries and loss of fertility.

That decline not only in menstrual activity, but also in activities that are important for life in a number of sex (position property rattan - estrogen), which

produces hormones that are also affected. O estrogens in the activity of one's own effect eats not everyone, for example-skin, hair, brain, liver, heart, blood vessels, bones, muscles, as a matter of fact. And a drastic change in performance or national income. One of the serious complications of osteoporosis and osteochondrosis is loss of estrogens climax structure of the aforementioned systems.

Bone mass and is considered an indicator, and the quality of life depends on the physical activity that you eat at the location, the way of eating, and the amount of sexual harmonies. So, after 40 years of age (a decrease in bone mass), bone aging begins and intensifies in women in the climacteric period. Osteoporosis is an intensive disease, we call osteoporosis, which occurs as a result of a hormonal failure. there are the following types of postmenopausal skeletal Osteoporosis: osteochondrosis of the spine, fracture of the bones, straightening out of the spine and. Thus, after the physical examination of the soify-vooodoo, the buyin coming into being, as symptoms of osteoporosis in most cases of the waist, ' rocks, dizziness, convulsions are observed and trying to accelerate in time. Includes lack of the diagnosis osteoporosis eliminated by means of means include the following - X-ray examination, densitometry (bone to determine the density of the bladder), computer tomography, ultrasound and laboratory analyzes of the bones: simple anti-inflammatory with the characteristic feature of the eyzi not showing pain ingested. The intensity of osteoporosis is influenced by many factors – risk factors. These factors are divided into those that can not be eliminated and those that can be eliminated.

Factors that can not be eliminated:

- female gender;
- hereditary (genetic hardware characteristic predisposition to osteoporosis);
- old age;
- late arrival of menstruation (so that after 16 years of age the place property);

- menopause-40-45 years old tomorrow ;
- menstrual cycle (low and uneven lead disorder);
- infertility garden with ovulation disorder;
- low body weight (less than 60 kg);

Will eliminate the risk factors:

- consumption of caffeine, alcohol or smoking ;
- hypodynamia;
- physical abuse-physician;
- low consumption of calcium ;
- D vitamin deficiency ;
- more consumption of meat.

Osteoporosis profilactics: rational nutrition, maintaining body weight in the course of life in the meioral indicators or national standing, consumption of calcium substance (1000 mg/milk), physical activity corresponding to age during life. Adequate physical exertion is important for women of different ages – special physical exercises (normalization of the activity of the vestibular muscles, strengthening of the natural muscle corset, normalization of metabolism).

In the profile of osteoporosis, it is of great importance to identify and get timely osteoporosis or nationally associated diseases (violation of the menstrual cycle, thyroid gland, adrenal gland diseases, diabetes) prevention.

Treatment of osteoporosis. To the methods of treatment of osteoporosis it is necessary to approach kompleksly. Complex is certainly included in the treatment with hormonal drugs-substances that suppress the eating of female sex hormones, today we call the drugs of the OSH Group v as "menopausal hormonal therapy" (MGT) drugs: femoston ,sitsitonin, paratgormone, androgens.

Qimas is associated with an increase in bone for metabolism.the effect of a decrease in the bone mass of dipthocyte and estrogen in the menopause period

depends on the amount of the drug (dosage), the bone mineral estrogens to the density. The protective effect of estrogens is manifested only during the period of consumption of menopausal therapy, such as in women who have not received chemotherapy for a decrease in bone mass, so the rate of bone mass remains after the removal of the hormonal. The results of the WHI (initiated by women Helth) examination and meta-analysis showed the following results: decreased risk of bone fracture and accelerated osteochondrosis in the body as a result of osteoporosis or nationally leads to impaired MGT (a combination of monotony or progesterone) eaten in healthy generation women; achieved the Prevention of bone fracture in women who have developed osteoporosis and Thus, after a one-year treatment observed an increase in bone mineral density of about 4%. In the process of treatment with the drug (1 mg of estrodiol and 5 mg of dogogesterol), there was an increase in the mineral density of the bone in 90% of subjects or an unchanged Femoston on the negative side. In the process of treatment of the skin formed 66-81% mineral density of the bones in the number of women who observed seizure and increase.

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