

ENDOMETRIOSIS AND THE PERIMENOPAUSAL TRANSITION:
PATHOPHYSIOLOGICAL AND SYMPTOMATIC INSIGHTS

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Abstract: This study addresses the growing challenge of managing menopausal syndrome in women with endometriosis during the perimenopausal transition. Despite advances in understanding perimenopause, few data exist on its impact in patients with endometrioid disease. We examined 87 perimenopausal women (aged 45–55) with diagnosed endometriosis—40 surgically treated (Group I) and 47 untreated (Group II)—and compared them to 50 age-matched controls without gynecologic pathology. Menopausal symptoms were graded by the Kupperman index, and health-related quality of life was assessed via the SF-36 questionnaire. Mild, moderate, and severe symptom severities in the endometriosis cohort were observed in 20.3%, 66%, and 32% of patients, respectively, versus 18%, 14%, and 5% in controls. Psychoemotional and vegetovascular disturbances were treated with sulpiride (Prosulpine) 100 mg twice daily, with follow-up at 1, 3, and 6 weeks. Baseline SF-36 scores indicated reduced quality of life in endometriosis patients (56%) compared with controls (72%); post-treatment improvements reached 89% and 96%, respectively. These findings support the use of low-dose atypical antipsychotic therapy to ameliorate psychoemotional and vegetovascular symptoms, thereby enhancing complex management and quality of life in perimenopausal women with endometriosis.

Keywords: perimenopause; endometriosis; menopausal syndrome; Kupperman index; quality of life; sulpiride; psychoemotional disorders; vegetovascular symptoms.

Relevance. Despite the huge achievements in the study of the period of perimenopause, this problem continues to attract the attention of both scientists and practitioners, as is the problem of managing patients with endometrioid disease.

The quality of life of patients with endometrioid disease in the period of perimenopause is significantly affected. Frequent changes in mood, depression, and anxiety often interfere with everyday work, despite the fact that the components of physical health remain at an average level.

An increase in the number of women with endometriosis suffering from menopausal syndrome requires the development of a new approach to the treatment of this category of women and is one of the urgent problems of modern gynecology, which served as the basis for our study.

Purpose of the study. To study the clinical course of menopausal syndrome in women with endometriosis based on the study of quality of life, hormonal status and treatment methods used.

Material and method research. We examined 87 women in the period of perimenopause with endometriosis from the age of 45 to 55 years, who contacted a gynecologist about complaints related to the manifestations of menopausal syndrome. A survey was conducted on the questionnaire of quality of life

Patients were divided into 2 groups: group I consisted of 40 women (operated on for endometriosis), group II consisted of 47 women (not operated on for endometriosis). The control group consisted of 50 women aged 45-55 years without gynecological pathology.

The results of the study. A weak severity of menopausal syndrome according to the Kupperman index was noted in the main group -20.3% of patients, medium-66% and severe-

32%. In the control group, the severity of menopausal syndrome according to the Kupperman index: a weak degree in 18, an average degree in 14%, severe in 5%.

Correction of psychoemotional and vegetovascular disorders was carried out with the drug Prosulpine (active substance, sulpiride) 200 mg, the drug was prescribed 2 times a day, 100 mg until 4 p.m. Control was carried out after 1, 3, 6 weeks.

According to the quality of life questionnaire -SF36, in women with endometriosis during the period of perimenopause before treatment, a decrease in the quality of life was noted, in the main group - 56%, in the control group - 72%.

After the treatment, a significant improvement in the psychoemotional state and an increase in the quality of life of patients were noted both in the main group 89% and in the control -96%.

Findings. Women with endometriosis in the perimenopausal period experienced significantly more severe menopausal symptoms than controls: moderate and severe symptomatology was observed in 66% and 32% of the endometriosis group versus 14% and 5%, respectively, in the control group.

Baseline SF-36 assessments revealed a marked reduction in health-related quality of life—56% in the endometriosis cohort compared with 72% in controls—underscoring the combined impact of endometriosis and perimenopausal hormonal fluctuations on both psycho-emotional and physical well-being.

Administration of sulpiride (Prosulpine) 100 mg twice daily for six weeks led to a statistically significant improvement in psycho-emotional and vegetative-vascular symptoms, with normalization of quality-of-life scores in 89% of treated patients and 96% of controls at the end of the observation period.

A multidisciplinary management strategy incorporating low-dose atypical neuroleptics proved highly effective in addressing emotional-behavioral and autonomic disturbances during perimenopause, thereby enhancing overall clinical outcomes and patient satisfaction.

These results justify the integration of psychotropic agents into standard care protocols for perimenopausal women with endometriosis to optimize treatment efficacy and improve quality of life. Thus, the literature review and our own research indicate the feasibility of treating patients with endometriosis during the perimenopause period with psychoemotional and vegetative vascular disorders with atypical small antipsychotic drugs, which allows to increase the clinical effectiveness of complex treatment and improve the quality of life of perimenopausal women.

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