

The influence of extragenital diseases on quality of woman life in the period of late reproductive and premenopausal age with endometrial pathology

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325 women aged 35-55 years with different clinical endometrial pathology were examined. Extra genital diseases burdened anamnesis of 181(55.69%) women with endometrial pathology. Correlation analysis revealed a statistically significant inverse relationship between the severity of vegetative disorders and all the estimated parameters of quality of life. The key parameters of quality of life associated with extra genital pathology in women with endometrial pathology in the late reproductive age and premenopausal patients are pain intensity, general health and vital activity; and in the structure of extra genital factors negatively affecting subjective quality of life of these patients, by far the most vegetative dysfunction, cardiac pathology and diseases of the nervous system. Thus, the presence of concomitant extra genital diseases should be considered as an adverse prognostic phenomenon for the positive dynamics of quality of life in the late reproductive and premenopausal age, which justifies the need for effective rehabilitation techniques focused on the restoring their physical and social status.

Key words: endometrial pathology, late reproductive and premenopausal age, quality of life, extragenital pathology.

Late reproductive and premenopausal age is one of the most important periods in a woman's life, because in this time woman reach the peak of its prosperity of self-identity, professional and social activities. However, in this age the overall women health deteriorating the most, increases the risk of endometrial pathology, manifest vegetative-vascular and psycho-emotional disorders. Premenopausal associated with physiological changes, which in some cases have a negative effect on quality of life (QoL) and increase the incidence of cardiovascular disease [3, 5, 6, 8, 9].

The onset of perimenopause leads to lower quality of life, regardless of age and other socio-demographic indicators. One of the main factors negatively affecting the quality of life in premenopausal women is a change in the level sexual steroids [8]. The combination of gynecological and extragenital pathology creates complications that require integrated approach and special attention of doctors of many specialties on treatment and prevention of diseases.

Unlike psychiatry somatic medicine, which has deeper roots in the study of natural finest scientific mechanisms of the body and pathological disorders, faced difficulties in making a humanistic vision that involves whole body study with individual value-semantic specifics. The concept of quality of life becomes a link in the development of interdisciplinary concepts that can provide a methodological basis for interaction somatology and psychology [2].

Assessing patients' quality of life the severity of the pathological process does not play the leading role, but the totality of his relationships and emotional conditions, mental adaptation in the context of all the circumstances relating to health problems become most important issues.

Thus, it is proved [4, 10–12] that satisfaction / dissatisfaction with life is much more dependent on the degree of self-confidence and the availability of anxiety and depressive disorders, rather than from

a serious physical illness. Interaction with the patient in the assessment of life quality shall bring a special meaning to the doctors' work – the comprehension of how the disease is transformed into a unique patient's experience of their situation. The new paradigm in understanding the disease and its treatment should be guided not only therapeutic, but also on socio-recovering activities [2], therefore, an important task of complex diagnosis of endometrial pathology (EP) is the study of subjective patient satisfaction with their lives. The new paradigm of understanding of the disease and its treatment should be guided not only therapeutic, but also on socio-reduction activities [2], therefore, an important task of complex diagnosis of endometrial pathology (PE) is the study of subjective patient satisfaction with their lives.

Objective: to study the effect of extragenital diseases on women quality of life of late reproductive and premenopausal with PE.

MATERIAL AND METHODS

Were examined 325 women aged 35–55 years (mean age 41,1±0,27 years) with different clinical forms of EP: endometrial polyp was detected in 59.1%, endometrial hyperplasia – at 30.5%, chronic endometritis – in 34.8%, adhesions – at 6.2%, adenomatosis – at 2.2%. The examination included the study of complaints, anamnesis, clinical examination and questioning.

To study the QoL the SF-36 health questionnaire been used, assessing subjective satisfaction with the physical and mental condition of the respondent. [7] Test questions SF-36 are grouped into 8 scales: physical functioning (low score on the scale indicates that physical activity is significantly lowered because of the state of health); role functioning due to physical condition (the lower score, the more health problems limit daily activities); level pain (low score indicates that the pain significantly limits livelihoods); general state of health (the lower score, the worse the condition of health); viability (low score indicates fatigue, reduced vitality); social functioning (low score correspond to a significant restriction of social contacts, reduce the level of communication due to the deterioration of health); role functioning due to emotional state (the lower score, the greater the emotional state limits the activities of daily living); psychological health (lowest figure indicates the presence of depression, anxiety, mental ill). Each question is used in calculating the score once. Evaluation of each scale range from 0 to 100, where 100 means completely healthy.

Diagnostics of vegetative disorders was performed using Wayne (1998) questionnaire.

The data analysis done using the methods of variation statistics (median, interquartile range) rank test Mann-Whitney and Spearman rank correlation.

RESULTS AND DISCUSSION

In the study age has a little effect on the satisfaction of patients with EP with the quality of their lives. The most significant correlation coefficients were observed with age scale of physical functioning ($p=0,22$, $p<0,001$) and general health ($p=-0,20$, $p<0,001$). Analysis of the social status of women surveyed indicated that prevailed among them

Estimates on the scales of SF-36 patients with EP on a different background extragenital pathology, Me (Q1-Q3) in points

| Indicator | Cohort | Physical functioning | Role functioning | The intensity of pain | Overall health | Viability | Social functioning | Emotional functioning | Mental health |
|-------------------------------------|-------------------------|------------------------------|----------------------------------|--------------------------------|--------------------------------|-----------------------------------|--|--------------------------------------|-----------------------------|
| Overall extragenital pathology | no, n=144 yes, n=181 | 90 (85-95) 85 (75-95)* | 100 (50-100) 75 (50-100) | 100 (74-100) 74 (52-100)*** | 67 (57-72) 60 (50-75)* | 65 (45-75) 60 (40-70)* | 75 (62,5-87,5) 75 (62,5-87,5) | 66,7 (66,7-100) 66,7 (33,3-100) | 64 (48-72) 60 (48-68) |
| Pathology of the digestive system | no, n=230 yes, n=95 | 85 (80-95) 90 (80-95) | 75 (50-100) 100 (50-100) | 80 (62-100) 80 (62-100) | 62 (52-72) 60 (50-75) | 60 (40-70) 65 (40-75) | 75 (62,5-87,5) 75 (62,5-87,5) | 66,7 (33,3-100) 66,7 (33,3-100) | 64 (48-72) 64 (48-72) |
| Obesity | no, n=265 yes, n=60 | 90 (80-95) 85 (75-93,75) | 100 (50-100) 75 (50-100) | 84 (62-100) 74 (61-100)* | 62 (51-75) 57 (46,3-67)* | 60 (45-70) 70 (40-78,75) | 75 (62,5-87,5) 75 (75-87,5) | 66,7 (33,3-100) 66,7 (33,3-100) | 60 (48-68) 68 (52-72)* |
| Allergic reactions | no, n=269 yes, n=56 | 90 (80-95) 90 (85-100) | 75 (50-100) 100 (75-100)* | 80 (62-100) 80 (74-100) | 60 (50-72,75) 70 (50-72) | 60 (40-70) 60 (45-70) | 75 (62,5-87,5) 75 (75-87,5) | 66,7 (33,3-100) 100 (66,7-100)* | 64 (48-72) 56 (52-72) |
| The pathology of the nervous system | no, n=272 yes, n=53 | 90 (80-95) 85 (75-95) | 100 (50-100) 75 (50-100) | 84 (62-100) 74 (51,5-80)*** | 65 (55-75) 47 (37-67)*** | 65 (45-75) 45 (35-65)*** | 75 (62,5-87,5) 62,5 (56,3-87,5)*** | 66,7 (41,7-100) 66,7 (33,3-100)* | 64 (52-72) 44 (40-56)*** |
| Cardiovascular pathology | no, n=289 yes, n=36 | 90 (80-95) 85 (80-90)* | 100 (50-100) 75 (25-100)** | 84 (72-100) 67 (43,5-84)*** | 65 (55-75) 55 (45-67)*** | 65 (45-75) 45 (35-65)*** | 75 (62,5-87,5) 75 (62,5-87,5) | 100 (66,7-100) 66,7 (33,3-100)*** | 64 (48-72) 54 (40-68)** |
| Thyroid disease | no, n=294 yes, n=31 | 90 (80-95) 80 (65-90)*** | 100 (50-100) 75 (50-100) | 84 (62-100) 74 (62-81)** | 65 (55-75) 50 (40-67)*** | 65 (40-75) 60 (40-65) | 75 (62,5-87,5) 75 (62,5-87,5) | 66,7 (33,3-100) 66,7 (33,3-100) | 64 (48-72) 48 (40-64)*** |
| Hypertonic disease | no, n=308 yes, n=17 | 90 (80-95) 77,5 (75-90)** | 100 (50-100) 75 (50-93,75) | 80 (62-100) 68 (41-93,5) | 62 (50-72) 50 (45-70)* | 60 (40-70) 75 (61,25-80)* | 75 (62,5-87,5) 75 (62,5-87,5) | 66,7 (33,3-100) 66,7 (33,3-100) | 60 (48-72) 68 (64-79)* |
| Renal failure | no, n=310 yes, n=15 | 90 (80-95) 80 (71,25-90)* | 100 (50-100) 62,5 (12,5-100)* | 80 (62-100) 62 (43,5-96)* | 62 (50-75) 51 (45,5-69,25)* | 60 (45-70) 47,5 (31,25-68,75)* | 75 (62,5-87,5) 75 (40,63-87,5) | 66,7 (33,3-100) 66,7 (0-66,7)* | 64 (48-72) 66 (41-71) |
| Vegetative dysfunction | no, n=83 yes, n=242 | 95 (80-95) 85 (80-95)* | 100 (75-100) 75 (50-100)*** | 100 (84-100) 74 (51-100)*** | 67 (57-75) 60 (50-72)* | 70 (60-80) 55 (40-70)*** | 87,5 (75-100) 75 (62,5-87,5)*** | 100 (66,7-100) 66,7 (33,3-100)** | 68 (52-80) 56 (44-68)*** |

Note: *, **, *** – Significant difference from the reference groups by rank test Mann-Whitney test for p < 0,05, p < 0,01 and p < 0,001.

officers – 173 (53.23%); one-third of the patients was housewives – 109 (33.54%); workers – 43 (13.23%).

The median score on a scale of physical functioning in a group of civil employees was 90 (80–95), a group of workers – 85 (75–95) in the group of housewives – 90 (85–95) points; scale role functioning due to physical condition, respectively 75 (50–100) 75 (50–100) and 100 (75–100) points; pain intensity scale – 84 (62–100) 74 (42–92) and 100 (74–100) points; scale general health – 62 (52–72) 60 (47–73,5), and 72 (45–82) points; scale viability – 60 (40–70) 55 (35–65) and 70 (50–80) points; on the scale of social functioning – 75 (62,5–87,5), 75 (62,5–87,5) and 75 (75–87,5) points; on a scale of role emotional functioning – 66,7 (33,3–100), 100 (33,3–100) and 100 (66,7–100) points; on a scale of psychological health – 60 (48–70) 64 (40–68) and 64 (44–72) points. Evaluation cohort housewives were significantly higher ratings of women working trades on the scales of physical role functioning, pain, and vitality (respectively p<0,003, p<0,002 and p<0,001) and evaluations of employees on the scales of physical and emotional role functioning (respectively p<0,03 and p<0,02). Civil employees were more satisfied with their physical condition (p<0,02), suffer less from pain (p<0,009) and were more viable (p<0,02), rather than the workers.

The study of quality of life parameters of patients with EP depends on chronotype found that women are more active in the morning, the above estimate their physical functioning (90 (80–95) vs. 85 (80–90), p<0,02), viability (65 (50–75) vs. 50 (35–70), p<0,001), emotional functioning (100 (58,3–100) against 66,7 (33,3–100), p<0,006) and mental health (64 (48–72) vs. 56 (40–68), p<0,002). Other indicators of quality of life did not have significant difference.

Extra-genital diseases burdened anamnesis of 181 (55.69%) women with PE (Table. 1). Cohort with somatic pathology has significantly worse QoL scales for pain (p<0,001), physical functioning (p<0,02) general health (p<0,03) and vitality (p<0,05).

Intense pain, especially reduced QoL of women, a history with cardiac pathology, diseases of the nervous system and vegetative dysfunction (VD). Also, low scores on this scale were observed in cohorts with obesity, thyroid disorders and kidney (Table. 1).

Reduced quality of life in the parameter general health was most pronounced in respondents with the pathology of the nervous system, thyroid disease and cardiovascular system. Less pronounced deterioration of QoL on this scale was observed in cohorts with hypertension, kidney disease, obesity, and VD (Table. 1).

Decrease in vitality in women with PE was associated with cardiovascular diseases and nervous systems, VD and kidney disease, and

patients with hypertension, on the other hand, often feel themselves full of strength and energy (Table. 1).

Daily physical activity (self-care, walking, climbing stairs, carrying weights, perform physical activity) was significantly limited in patients with thyroid disorders, hypertension, kidney disease and cardiovascular system, as well as on the background of VD (Table. 1).

The deterioration of mental health complained women with the pathology of the nervous system, thyroid, and VD. Heart disease also have a negative impact on the mental well-being of patients. But respondents with hypertension and obesity has a high level of evaluations on the scale (Table. 1).

Low satisfaction with social functioning was characteristic of patients with pathology of the nervous system and VD, emotional functioning – for women with cardiovascular disease, VD, nephropathy, and nervous system disorders. Women with allergies reactions rated their emotional state and role physical functioning significantly higher than other respondents. Reducing the role physical functioning was observed on the background of VD, heart and kidney disease (Table. 1).

Correlation analysis revealed a statistically significant inverse relationship between the severity of vegetative disorders and all the estimated parameters of QoL. In the triad is most closely correlated with scoring the questionnaire included Wayne pain score (ρ=-0,43, p<0,001), viability (ρ=-0,38, p<0,001) and mental health (ρ=-0,37, p<0,001). Rank correlation coefficient with the scale of social functioning was ρ=-0,31 (p<0,001), role physical functioning – ρ=-0,29 (p<0,001), role emotional functioning – ρ=-0,28 (p<0,001), general health – ρ=-0,27 (p<0,001), physical functioning – ρ=-0,17 (p<0,002). These results indicate the importance of interaction in the formation of psychosomatic integrative sense of satisfaction/dissatisfaction with the quality of life.

Thus, the key parameters of quality of life associated with extragenital pathology in women with EP in the late reproductive age and premenopausal patients are pain intensity, general health and vital activity; and in the structure of extragenital factors negatively affecting subjective QoL of these patients, by far the most VD, cardiac pathology and diseases of the nervous system. This triad of evidence in favor of the concept of «psychosomatic ring-somatopsychic dependence», which considers physical and mental disorders as a single disease process in which there is a vicious circle of their interaction [2]. As mediating links of this dependence release accompanying neuroendocrine changes, limiting the efficiency, increasing stressful interpersonal relationship abnormality treating physician and the contact [1, 4, 5, 11, 12]. Underlining the complexities multifactorial

mechanisms of pathogenesis of mental disorders in somatic patients, many authors point to the impossibility of a clear boundary between so-called somatogenius and nozogenius – manifestations of neurotoxic effects of illness and maladaptive personality reaction to it [11, 12].

This distinction is problematic, especially in the absence of definitive causal relationships within the biopsychosocial system, which is manifested both in the intra and inter-layer in the interaction. In our study on the background of obesity and hypertension have better self-reports of mental health, and role-emotional functioning and were less likely limited in patients with allergic reactions, therefore, In certain situations disease restructuring structural links between biological and social levels of the complex system organization allows you to restore the violated human subjective feeling of well-being at the expense of adaptive physical resources.

Finally, the professional status of the surveyed women influence the pain level perception and on vitality does not influence less than the most significant predictors of extragenital and chronotype patients which defined peaks of activity of the nervous system, depending on the time of day, in a comparable measure affects their vitality, mental

health, emotional and physical functioning. All above suggests that considering quality of life of patients in late reproductive and premenopausal with EP should primarily focus on the psychosocial multi-dimensional function of adaptation.

FINDINGS

The presence of extra genital diseases on the background of EP is due to the deterioration of the subjective QoL of patients in late reproductive and premenopausal age because of limitations of daily activity due to pain and physical deterioration, as well as reducing the vitality and general health.

Comorbidity EP with VD, cardiovascular diseases and nervous systems associated with the lowest QoL.

The presence of concomitant extra genital diseases should be considered as an adverse prognostic phenomenon for the positive dynamics of women QoL of the late reproductive and premenopausal age with EP, which justifies the need for effective rehabilitation techniques focused on multi-dimensional process of restoring their physical and social status.

Влияние экстрагенитальных заболеваний на качество жизни женщин позднего репродуктивного возраста и периода менопаузы с патологией эндометрия С.М. Корниенко, В.П. Квашенко, И.К. Акимова

Изучены клинико-anamnestические особенности, психологический статус и показатели качества жизни (КЖ) 325 женщин 35–55 лет с патологией эндометрия. Экстрагенитальные заболевания обтягощали анамнез 181 (55,69%) женщины с патологией эндометрия. Установлена статистически значимая обратная зависимость между тяжестью вегетативных нарушений и оцениваемыми параметрами КЖ жизни. Выявлено, что основными параметрами КЖ, ассоциированными с экстрагенитальной патологией, у данных пациенток являются интенсивность боли, общее здоровье и жизненная активность, а в структуре экстрагенитальных факторов, негативно влияющих на субъективные оценки КЖ респонденток доминируют вегетативная дисфункция, кардиальная патология и заболевания нервной системы. Сделан вывод о том, что наличие сопутствующих экстрагенитальных заболеваний следует рассматривать как неблагоприятный прогностический феномен для позитивной динамики КЖ у женщин позднего репродуктивного и менопаузального возраста с патологией эндометрия, что обосновывает необходимость создания эффективных реабилитационных методик, ориентированных на восстановление соматического и социального статуса данных пациенток.

Ключевые слова: патология эндометрия, поздний репродуктивный и менопаузальный возраст, качество жизни, экстрагенитальная патология.

Вплив екстрагенітальних захворювань на якість життя жінок пізнього репродуктивного віку і періоду менопаузи з патологією ендометрія С.М. Корнієнко, В.П. Квашенко, І.К. Акімова

Вивчено клініко-анамнестичні особливості, психологічний статус і показники якості життя (ЯЖ) 325 жінок 35–55 років з патологією ендометрія. Екстрагенітальні захворювання обтяжували анамнез 181 (55,69%) жінки з патологією ендометрія. Встановлена статистично значуща зворотна залежність між тяжкістю вегетативних порушень і оцінюваними параметрами ЯЖ. Виявлено, що основними параметрами ЯЖ, асоційованими з екстрагенітальною патологією, у даних пацієнок є інтенсивність болю, загальне здоров'я і життєва активність, а в структурі екстрагенітальних факторів, що негативно впливають на суб'єктивні оцінки ЯЖ респонденток домінують вегетативна дисфункція, кардиальна патологія і захворювання нервової системи. Зроблено висновок про те, що наявність супутніх екстрагенітальних захворювань слід розглядати як несприятливий прогностичний феномен для позитивної динаміки ЯЖ у жінок пізнього репродуктивного та менопаузального віку з патологією ендометрія, що обґрунтовує необхідність створення ефективних реабілітаційних методик, орієнтованих на відновлення соматичного і соціального статусу даних пацієнок.

Ключові слова: патологія ендометрія, пізній репродуктивний і менопаузальний вік, якість життя, екстрагенітальна патологія.

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