



## SLEEP QUALITY AND ITS INFLUENCING FACTORS IN PERIMENOPAUSAL WOMEN

**Madyunusova U.O**

*Center for the development of professional qualifications of medical workers,  
Department of Obstetrics, Gynecology and Perinatal Medicine, Tashkent.*

**Relevance:** Sleep disturbances are a widespread and significant issue among women in the perimenopausal period. These problems often start during perimenopause and tend to worsen after menopause, leading to reduced sleep quality and increased frequency of fragmented sleep and apnea. Poor sleep is not only a common complaint but also a critical risk factor for serious health conditions such as cardiovascular disease, diabetes, metabolic syndrome, obesity, and mental health disorders. Given the substantial impact on women's quality of life and productivity, understanding and addressing sleep disturbances during this transitional phase is essential.

**Objective:** To investigate the characteristics and contributing factors of sleep disturbances in perimenopausal women, including the impact of natural versus surgical menopause and the role of vasomotor symptoms.


Middle-aged women in the perimenopausal stage frequently report experiencing poor sleep quality, shorter sleep duration, fragmented sleep, and episodes of nocturnal apnea. These symptoms typically begin during perimenopause and tend to worsen as women transition into the postmenopausal period [1].

Sleep disturbances are a significant risk factor for the development of cardiovascular diseases, type 2 diabetes, metabolic syndrome, obesity, as well as psychological and emotional disorders, all of which negatively impact overall quality of life and work performance [2].

Sleep issues in this population can generally be categorized into three main types: difficulty falling asleep, repeated nighttime awakenings or fragmented sleep, and early morning awakenings. A long-term study involving over 3,000 perimenopausal women over an 8-year period found that fragmented sleep and nighttime awakenings were the most common and earliest complaints [3, 4].

Notably, the type of menopause - whether surgical or natural - has been shown to affect sleep quality. Surgical menopause is associated with more severe sleep disturbances compared to natural menopause, with women undergoing bilateral oophorectomy facing a substantially higher risk of severe vasomotor symptoms.

The majority of studies highlight a strong correlation between sleep problems and vasomotor symptoms. For example, findings from the SWAN study demonstrated that women experiencing moderate to severe hot flashes (6–14 episodes daily) were nearly three times more likely to suffer from nighttime awakenings than those without such symptoms [5].



Other factors influencing sleep quality during perimenopause include obesity, endocrine disorders, cardiovascular and gastrointestinal diseases, urinary problems, chronic pain syndromes, smoking, excessive caffeine intake, and the use of neuroactive medications such as selective serotonin reuptake inhibitors, bronchodilators, antiepileptic drugs, as well as hormone replacement therapy in cases of thyroid dysfunction [6].

Research has confirmed that combined hormone replacement therapy (HRT) can improve sleep quality in women both with vasomotor symptoms - by reducing night sweats and related disruptions - and without them, through the GABAergic sedative effects of progestogens.

**Conclusion:** Sleep disorders during perimenopause are multifactorial, with vasomotor symptoms playing a key role. Combined hormone replacement therapy has been shown to improve sleep quality, highlighting the importance of targeted treatment strategies for this population.

### Bibliography.

1. Jehan S. et al. Sleep disorders in postmenopausal women //Journal of sleep disorders & therapy. – 2015. – T. 4. – №. 5. – C. 212.
2. Beard J. R. et al. The World report on ageing and health: a policy framework for healthy ageing //The lancet. – 2016. – T. 387. – №. 10033. – C. 2145-2154.
3. Jia Y., Zhou Z., Cao X. Prevalence of poor sleep quality during menopause: a meta-analysis //Sleep and Breathing. – 2024. – C. 1-12.
4. Bruyneel M. Sleep disturbances in menopausal women: Aetiology and practical aspects //Maturitas. – 2015. – T. 81. – №. 3. – C. 406-409.
5. Taha N. H., Dizaye K. F. Impact of zingiber officinale on symptoms and hormonal changes during the menopausal period–A clinical trial in Duhok, Iraq //Journal of Natural Science, Biology and Medicine. – 2022. – T. 13. – №. 2. – C. 133-141.
6. Jehan S. et al. Sleep disorders in postmenopausal women //Journal of sleep disorders & therapy. – 2015. – T. 4. – №. 5. – C. 212.