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ДЕЯКІ ГОРМОНАЛЬНІ ТА УЛЬТРАЗВУКОВІ ОСОБЛИВОСТІ ЖИРОВОЇ ТКАНИНИ У ЖІНОК З ПУХЛИНАМИ ЯЄЧНИКІВ ТА ОЖИРІННЯМ <i>Зуб О. В., Карпенко В. Г., Пасієшвілі Н. М.</i> м. Харків.....	26
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PSYCHOLOGICAL STATE OF WOMEN WITH HYPERTENSIVE DISORDERS DURING PREGNANCY

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Introduction. According to the World Health Organization, stress is defined as a psycho-emotional state of tension or anxiety that arises in response to challenging life circumstances and motivates individuals to take action to overcome potential threats [1]. Although stress is a universal phenomenon, individual responses to it vary and can significantly impact health.

Pregnancy, despite being a physiological process, is accompanied by considerable psycho-emotional changes. In recent years, there has been growing interest in maternal mental health due to the proven association between stress and the risk of adverse obstetric and perinatal outcomes [2]. Pregnant women are more likely to exhibit elevated levels of anxiety and depression compared to non-pregnant women, which is attributed to hormonal changes, shifts in social roles, and psychological adaptation to motherhood [3].

Psycho-emotional stress is an important risk factor for pregnancy complications such as preterm birth, intrauterine growth restriction, low birth weight, and psychosomatic disorders in the mother [4,5]. Anxiety and depressive disorders are among the most common mental health conditions in women of reproductive age, with their prevalence increasing during gestation [6]. Chronic stress has a broad spectrum of adverse health effects, including cardiovascular dysfunction, weakened immunity, and even an increased risk of mortality [7].

Hypertensive disorders affect 5–10% of pregnancies and remain a leading cause of maternal and perinatal complications. Preeclampsia is characterized by elevated blood pressure and proteinuria after 20 weeks of gestation [8,9]. Research confirms the association between pregnancy-induced hypertension and psycho-emotional stress. Personality traits such as a tendency toward anxiety, low stress resilience, and depressive tendencies are linked to an increased risk of developing preeclampsia [10,11].

Therefore, timely assessment of both trait and state anxiety is a critical component of comprehensive care for pregnant women with hypertensive disorders, aimed at improving obstetric and perinatal outcomes.

Materials and Methods. The study was conducted among 35 women with singleton pregnancies complicated by gestational hypertension without significant proteinuria, as well as moderate or severe preeclampsia. The diagnosis based on the current clinical guidelines of the Ministry of Health of Ukraine.

Assessment of trait anxiety (STAI-T) and state anxiety (STAI-S) was performed using the Spielberger State-Trait Anxiety Inventory. The mean gestational age at the time of examination was 29.94 ± 0.24 weeks, and the average age of the participants was 30.31 ± 0.96 years.

Statistical analysis of the results was performed using licensed versions of the software packages STATISTICA and Microsoft Excel.

Results. In the study group of pregnant women with hypertensive disorders, a predominance of high STAI-T over STAI-S was observed. Specifically, elevated STAI-T scores were found in 84.7% of participants, while elevated STAI-S scores were detected in only 40.0%. According to descriptive statistics, the median STAI-S score was 44.0 [Q1: 40.0; Q3: 48.5], and the median STAI-T score was 51.0 [Q1: 46.0; Q3: 59.0] (Fig. 1).

These findings indicate a high level of psycho-emotional tension in pregnant women with hypertensive disorders, with a pronounced predominance of elevated STAI-T.

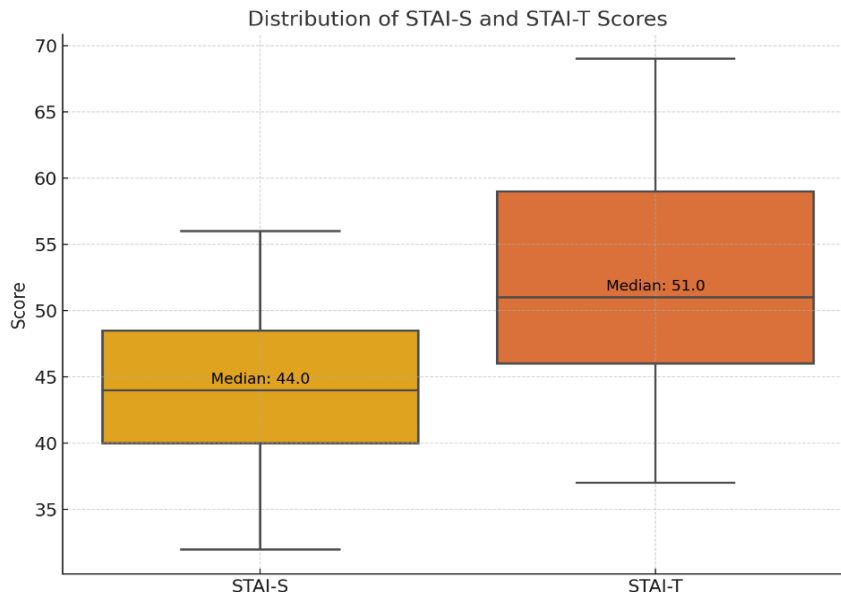


Fig. 1. Distribution of state (STAI-S) and trait (STAI-T) anxiety levels in pregnant women with hypertensive disorders

Conclusions. The study revealed a high level of anxiety among pregnant women with hypertensive disorders. Elevated trait anxiety was identified in 84.7% of participants, whereas elevated state anxiety was observed in 40.0%.

The findings indicate a predominance of stable anxiety-related personality traits, which are not merely reactive to the current situation but reflect deeper psychological characteristics. Such a psycho-emotional background may complicate adaptation to pregnancy and should be considered in the management of patients with hypertensive disorders. In this context, psychological assessment as part of comprehensive clinical evaluation may facilitate the timely identification of the need for psychological support or appropriate therapeutic intervention.

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THE POSSIBLE ROLE OF FETAL GROWTH RESTRICTION IN MATERNAL CARDIOVASCULAR DISEASE

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Objectives. Menopause is an important stage in a woman's life. The age of menopause coincides with the onset of aging accompanied by the manifestation of many diseases. The theory of “fetal programming” (Barker’s hypothesis) of diseases contributes to a better understanding that fetal growth restriction leads to an increased level of cardiovascular diseases [1]. Hypoestrogenicity may be a trigger mechanism that causes atherogenic vasculopathy.

It is known that the risk of mortality of women before the age of 55 from cardiovascular diseases in developed countries is increasing. There is no doubt that women with a history of preeclampsia should control their blood pressure and receive antihypertensive drugs if necessary [2]. This women's category is managed after childbirth through joint consultation with a cardiologist, neurologist, and nephrologist. Chronic non-infectious inflammation, dyslipidemia, and obesity are known pathogenetic events in the total scenario of cardiovascular disease. All these factors may be associated with pathological pregnancy. Is there a certain risk of arterial hypertension after fetal growth restriction or antenatal fetal death? The level of gestational comorbidities like diabetes mellitus and goiter disease is higher during the war in Ukraine [3]. It is a serious challenge in the management of pregnant women. Gestational pathologies, a negative environmental influence, and wartime are the main factors contributing to cardiovascular disease. The enhanced atherogenicity was found in middle-aged internally displaced women in Ukrainian women [4]. Therefore, programs preventing cardiovascular disease in women are important nowadays.