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STUDY OF THE RELATIONSHIP BETWEEN DEPRESSION AND ASSOCIATED SYMPTOMS IN THE CLIMACTERIC PERIOD

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Relevance.
Depression is a common psychological disorder affecting an estimated 350 million people worldwide. Women experience depression twice as often as men, which may be attributed to hormonal changes during puberty, pregnancy, and the menopausal transition.
A cross-sectional study was conducted to assess depression and menopausal symptoms in 133 women aged 45–55 years. The inclusion criteria were age between 45–55 and willingness to participate (informed consent obtained). Depression risk may increase due to several factors, including stressful life events, surgical menopause, history of mood disorders, and menopausal symptoms such as vasomotor disturbances. Early detection of depression can significantly improve quality of life in menopausal women, as treatment can begin promptly.

Objective.
To determine the level of depression and other menopausal symptoms in women aged 45–55 years during the climacteric period.

Materials and Methods.
A cross-sectional study was conducted among 133 women aged 45–55 years. Inclusion criteria included age 45–55 and voluntary participation. Exclusion criteria were a history of gynecological diseases leading to early menopause (before 45 years), psychiatric disorders or mood disorders, and diseases affecting menopausal symptoms (malignant tumors, thyroid, autoimmune, or cardiovascular diseases).
The sample size was calculated using the formula for estimating proportions in an infinite population with a 95% confidence level and 90% power; the minimum sample required was 100. Data were collected using questionnaires: the Beck Depression Inventory (BDI-II) and the Menopause Rating Scale (MRS).
BDI-II consists of 21 items assessing depressive symptoms; a score of 14 or higher was considered indicative of depression. The MRS evaluates somatovegetative (vasomotor), psychological, and urogenital symptoms using 11 questions rated on a 5-point severity scale. Women scoring ≥3 for somatovegetative, ≥2 for psychological, and ≥1 for urogenital symptoms were considered to have positive menopausal symptoms. Based on total MRS scores, participants were grouped as follows: somatovegetative—no symptoms (0–2), mild (3–4), moderate (5–8), severe (9); urogenital—no (0), mild (1), moderate (2–3), severe (4).

Results and Discussion.
Depression was detected in 17 out of 133 participants (12.8%). There were no significant differences between depressed and non-depressed women regarding menarche age, marital status, occupation, education, or income.
MRS evaluation showed somatovegetative and urogenital symptoms in 50.4% and 75.9% of

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participants, respectively. Among non-depressed women, most had mild somatovegetative and moderate-to-severe urogenital symptoms; among depressed women, moderate somatovegetative and severe urogenital symptoms predominated.
A significant correlation was found between depression and both somatovegetative ($p<0.05$; $r=0.236$) and urogenital symptoms ($p<0.05$; $r=0.215$).
Factors potentially contributing to depression included monthly income, education, and professional status, although no significant intergroup differences were found.

Conclusions.
Screening for depression in women during the menopausal transition is recommended to identify early symptoms and improve quality of life through timely treatment.
The study's strength lies in examining psychologically healthy women without prior mood disorders or surgical menopause. Its limitation is the cross-sectional design, which does not allow assessment of mood changes over time. Future studies should use a cohort design to monitor emotional changes before, during, and after menopause.