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## ЗМІСТ

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|------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>Сюсюка В. Г., Онопченко С. П., Сергієнко М.Ю.</b><br>НЕГОРМОНАЛЬНА ТА ГОРМОНАЛЬНА ТЕРАПІЯ<br>МЕНОПАУЗАЛЬНИХ ПОРУШЕНЬ.....                         | 6  |
| <b>Павлюченко М.І., Сюсюка В. Г., Богуславська Н.Ю.</b><br>СУЧАСНІ МОЖЛИВОСТІ ФІЗИЧНОЇ ТА РЕАБІЛІТАЦІЙНОЇ<br>МЕДИЦИНИ У ПІСЛЯПОЛОГОВОМУ ПЕРІОДІ..... | 9  |
| <b>Сюсюка В.Г., Візір В.А., Деміденко О.В.</b><br>СИНДРОМ ПОЛІКІСТОЗУ ЯЄЧНИКІВ: МЕТАБОЛІЧНІ І<br>КАРДІОВАСКУЛЯРНІ РИЗИКИ.....                        | 12 |
| <b>Земляна Н.А.</b><br>МОЖЛИВОСТІ ВИЗНАЧЕННЯ МАРКЕРІВ ПРОЛІФЕРАЦІЇ Ki-67<br>ТА APRIL В СИРОВАТЦІ КРОВІ У ЖІНОК З ГІПЕРПЛАЗІЄЮ<br>ЕНДОМЕТРІЯ.....     | 14 |
| <b>Сергієнко М.Ю., Рубльова Ю.В.</b><br>АНАЛІЗ ГІНЕКОЛОГІЧНОЇ ПАТОЛОГІЇ У ДІВЧАТ ТА ДІВЧАТОК-<br>ПІДЛІТКІВ.....                                      | 16 |
| <b>Лахно І. В., Овчаренко А. Т.</b><br>СТРЕСОВИЙ ІНДЕКС МАТЕРІ ДЕМОНСТРУЄ ВПЛИВ НА ВАГУ<br>НОВОНАРОДЖЕНОГО.....                                      | 18 |
| <b>Kyrychenko M.</b><br>STRESS AND ANXIETY IN WOMEN WITH HYPERTENSIVE DISORDERS<br>DURING PREGNANCY IN THE CURRENT SCIENTIFIC CONTEXT.....           | 22 |
| <b>Вініченко М.В., Кобиляк Д.М., Цимбалюк Р.Ю.</b><br>СУЧАСНИЙ ПОГЛЯД НА ЕСТЕТИЧНІ ПРОПОРЦІЇ ОБЛИЧЧЯ ТА<br>УСМІШКИ В ОРТОДОНТІЇ.....                 | 25 |

# **STRESS AND ANXIETY IN WOMEN WITH HYPERTENSIVE DISORDERS DURING PREGNANCY IN THE CURRENT SCIENTIFIC CONTEXT**

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Psycho-emotional stress is a complex, multidimensional phenomenon encompassing physiological, psychological, and behavioral responses of the body to internal or external stimuli perceived as threatening. According to the World Health Organization, stress is defined as an emotional state of tension or anxiety arising in response to challenging life circumstances and mobilizing the body's resources to overcome potential danger [World Health Organization, 2023]. Individual responses to stress depend on personality traits, prior experience, and the level of social support.

Pregnancy, despite being a physiological process, is accompanied by significant hormonal, somatic, and psychological changes that increase a woman's vulnerability to stressors [Weiner S et al., 2024]. During this period, anxiety and depressive disorders are diagnosed more frequently, often due to the anticipation of a new life role, changes in social status, concerns about the baby's health, and uncertainty about the future [Ito C et al., 2024; Mainali A et al., 2023].

Numerous studies have demonstrated that chronic psycho-emotional stress increases the risk of adverse obstetric and perinatal outcomes, including preterm birth, intrauterine growth restriction, neonatal hypotrophy, higher cesarean section rates, and postpartum depression [Dunkel SC et al., 2022; Hüner B et al., 2024]. Maladaptation to pregnancy also manifests as psychosomatic symptoms such as hypertension, sleep disturbances, headaches, digestive issues, and other autonomic dysfunctions.

Hypertensive disorders during pregnancy (HDP), including gestational hypertension, mild and severe preeclampsia, affect 5-10% of pregnancies and remain among the leading causes of maternal and perinatal morbidity and mortality [Luger RK

et al., 2022; ACOG, 2020]. The association between a woman's psycho-emotional state and the development of HDP is being actively investigated. Evidence indicates that elevated anxiety, emotional strain, and chronic stress increase the risk of gestational hypertension and preeclampsia [Holland C et al., 2022; Xing S et al., 2021].

The psychobiological mechanisms by which stress affects pregnancy include hyperactivation of the hypothalamic-pituitary-adrenal axis with increased cortisol secretion, and sympathetic nervous system activation with elevated catecholamines (adrenaline and noradrenaline). These changes contribute to vasoconstriction, impaired placental perfusion, endothelial dysfunction, and elevated blood pressure [Novelia S et al., 2024; Ebong IA et al., 2024]. When combined with suppressed immune responses, these mechanisms establish a pathophysiological basis for the development of preeclampsia, a multifactorial syndrome posing high risks for both mother and fetus.

Women with HDP more frequently report symptoms of anxiety, depression, and somatic manifestations of stress. Standardized psychodiagnostics instruments – such as the Perceived Stress Scale (PSS-10), State-Trait Anxiety Inventory (STAI-T and STAI-S) – demonstrate significantly higher average scores in these patients compared to control groups [Chapuis-de-Andrade S et al., 2022].

Given the strong interconnection between psychological factors and somatic pregnancy complications, the implementation of screening tools to identify psycho-emotional disturbances in pregnant women, especially those in high-risk groups, remains highly relevant in clinical practice.

## **Conclusions**

Psycho-emotional stress, anxiety, and emotional instability in pregnant women with hypertensive disorders directly affect the course of pregnancy and childbirth. A multidisciplinary approach to managing these patients is essential, involving not only physiological monitoring but also regular assessment of psycho-emotional status using standardized psychodiagnostics scales.

Early identification of psycho-emotional vulnerability and timely involvement of a psychologist or psychotherapist in the pregnancy management plan can help reduce the risk of complications and contribute to a positive pregnancy experience. Ensuring the woman's psycho-emotional well-being should be regarded as a key component of prenatal care, especially in the context of hypertensive complications.