



## Menopause and Cardiovascular Disease

Sudhaa Sharma, Vishal. R. Tandon, Annil Mahajan

Menopausal health demand priority in Indian scenario due to increase in life expectancy and growing population of menopausal women. Time demands to promote a multi-disciplinary, multi-factorial, comprehensive approach to the care of these women. By the medium of this editorial and our experience in dealing women in advancing age in and around menopause, we express our concern to the CVS diseases related mortality and morbidity in Postmenopausal women (PMWs).

The global burden of cardiovascular diseases (CVD) is rapidly increasing. CVD is the leading cause of death in women around the world. Hypertension affects more men than women until 55 years of age, but after age 55, the percentage of women is higher. More than 450,000 women succumb to heart disease annually, and 250,000 die of coronary artery disease (1). Estrogen deficiency has been linked to the rapid increase in cardiovascular disease in women who have undergone natural or surgical menopause (2).

Cardiovascular disease risk increases after the menopause which may be related to metabolic and hormonal changes (3). Menopause is a risk factor for (CVD) because estrogen withdrawal has a detrimental effect on cardiovascular function and metabolism. The menopause compounds many traditional CVD risk factors, including changes in body fat distribution from a gynoid to an android pattern, reduced glucose tolerance, abnormal plasma lipids, increased blood pressure, increased sympathetic tone, endothelial dysfunction and vascular inflammation (4).

More over, cardiovascular risks are poorly managed in women, especially during the menopausal transition when susceptibility to cardiovascular events increases. Clear gender differences exist in the epidemiology, symptoms, diagnosis, progression, prognosis and management of cardiovascular risk. Key risk factors that need to be controlled in the perimenopausal woman are hypertension, dyslipidemia, obesity and other components of the metabolic syndrome, with the avoidance and careful control of diabetes. Hypertension is a particularly powerful risk factor and lowering of blood pressure is pivotal. Hormone replacement therapy is acknowledged as the

gold standard for the alleviation of the distressing vasomotor symptoms of the menopause, but the findings of the Women's Health Initiative (WHI) study generated concern for the detrimental effect on cardiovascular events. Thus, hormone replacement therapy cannot be recommended for the prevention of cardiovascular disease. Whether the findings of WHI in older postmenopausal women can be applied to younger perimenopausal women is unknown. Both gynecologists and cardiovascular physicians have an important role to play in identifying perimenopausal women at risk of cardiovascular morbidity and mortality, and should work as a team to identify and manage risk factors (5).

Further, more we think very few studies (6,7) are available regarding CVRFs in postmenopausal women. We have made an attempt in this direction by doing a study which will be presented in IMSCON-08 Jammu but much more and larger studies are need to be done, to recognize CVRFs in local population and frame treatment guidelines and educate them at the same time.

*'Growing old is Natural but feeling old is not'*

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From the Editorial Team JK Science, Journal of Medical Education and Research

Correspondence to : Dr Sudhaa Sharma, Editor In General, JK Science, Journal of Medical Education and Research