Heart Health Matters

While menopause is a perfectly natural occurrence, hormonal changes and other changes can lead to heart disease. Reduce your risk factors; a happy heart is a healthy heart.

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Menopause is the stage in your life when your periods stop permanently, signaling the end of your reproductive years. It happens when there are no more eggs in your ovaries. Because eggs stimulate your body to produce oestrogen, the levels of estrogen in the blood drop, resulting in menopausal changes in the body when they are exhausted.

As a result of the hormonal changes surrounding menopause, many women experience both physical and emotional symptoms:

- Hot flushes / flashes
- Night sweats
- Insomnia and disrupted sleep
- Racing heart / palpitations
- Weight gain (especially around the waist and abdomen)
- Headaches
- Changes to the skin, hair and nails
- Aches and pains in joints and muscles
- Lower sex drive
- Vaginal dryness, pain during sexual intercourse and increased risk of vaginal infections
- Inability to control urination and increased risk of urinary infections
- Difficulty concentrating and memory lapses
- Fatigue / low energy levels
- Mood swings and irritability
- Depression

While menopause is a perfectly natural occurrence, the decreased levels of oestrogen and other hormones can lead to the above symptoms, as oestrogen has an effect on almost every tissue in the body.

It is observed that Oestrogen helps protect women against heart disease. During menopause, as oestrogen levels drop, the level of fat in a woman’s blood can increase. These changes put women at risk for developing heart and circulatory system disorders such as high blood pressure, high cholesterol, stroke and heart disease.

**What are the risk factors for heart disease?**

Risk factors are conditions or a lifestyle that make a person more likely to develop a disease. They can also increase the chances that an existing disease will get worse. Important risk factors for heart disease that you can proactively manage are:

- Raised blood pressure
- Raised blood cholesterol
- Diabetes and prediabetes [1]
- Smoking
- Excessive alcohol consumption
- Being overweight or obese; unhealthy diet [2],[3]
- Being physically inactive
- Having a family history of early heart disease
- Age (55 or older for women)
Some risk factors, such as age and family history of early heart disease, cannot be changed. For women, age becomes a risk factor over the age of 55. After menopause, women are more likely to get heart disease, partly cause their body’s production of estrogen drops. Women who have gone through early menopause, either naturally or because they have had their ovaries removed are twice as likely to develop heart disease as women of the same age, who have not yet reached menopause.

While the individual effect of each risk factor varies between different communities or ethnic groups the overall contribution of them is very consistent, and many important cardiovascular risks are modifiable by lifestyle changes.

**Age**

Age is by far the most important risk factor in developing heart disease, with approximately a tripling of risk with each decade of life. It is estimated that 82 percent of people who die of coronary heart disease are 65 years and older. At the same time, the risk of stroke doubles every decade after age 55.

**Exercise**

Insufficient physical activity, which is less than 30 minutes of moderate activity daily per week, is currently the fourth leading risk factor for mortality worldwide. Almost 40% of women over 15 years are insufficienctly physically active. The risk of ischemic heart disease and diabetes is reduced by almost a third in adults who participate in 150 minutes of moderate physical activity each week (or equivalent).

**Smoking**

Risks to health from tobacco use result not only from directly smoking, but also from exposure to second-hand smoke. Approximately 10% of cardiovascular disease is attributed to smoking.

**Diet**

A high intake of fat coupled with a low intake of fruits, vegetables and fish are linked to cardiovascular risk, although whether all these associations are a cause is disputed.

Evidence suggests that a Mediterranean diet may decrease the risk of heart disease and may be more effective than a low-fat diet lowering cholesterol levels and decreasing high blood pressure. The DASH diet (high in nuts, fish, fruits and vegetables, and low in sweets, red meat and fat) has also been shown to reduce blood pressure and assist with losing and / or maintaining a healthy weight.

Frequent consumption of high-energy foods, such as processed foods that are high in fats and sugars, promotes obesity and may increase cardiovascular risk. There is evidence that higher consumption of sugar is associated with higher blood pressure and increases the risk of diabetes.

**Alcohol**

Although studies suggested that low levels of alcohol were protective against CVD, there appears to be an increased risk with moderate or high levels.

**Supplements**

Niacin, a type of vitamin B3, may decrease the risk of cardiovascular events in those with an elevated risk level. Magnesium supplementation can also lower high blood pressure.
**Socioeconomic disadvantage**

Heart disease affects low- and middle-income countries even more than high-income countries. There is relatively little information regarding social patterns of cardiovascular disease within low- and middle-income countries. [21.] Within countries with generally higher-income, it can be concluded that low income and low educational status are consistently associated with greater risk of heart disease [22.] implying that there is cause and effect relationship.

**Preventing heart disease post menopause**

Heart disease is the most common cause of death for women over the age of 50 years. [24.] Previous cardiovascular events, such as a heart attack or stroke, is the strongest predictor of a future heart health. [9.] Age, sex, smoking, blood pressure and diabetes are other important predictors of future heart disease. [23.], [24.]

High blood pressure is the single, most important, treatable risk factor for heart disease and stroke. By managing and reducing blood pressure, the risk of stroke is reduced by 30 - 40%. Myocardial infarctions (damage to the heart muscle) risk is reduced by 20 - 25% and heart failure is reduced by 50%. [25.]

Regular screening for heart disease after menopause is extremely important. Lifestyle factors such as smoking and weight control can also play a big part in reducing risk. The American Heart Association has outlined diet and lifestyle recommendations to reduce heart disease, resulting in better health, based on a variety of prospective studies. [26.],[27.] In the PREMIER trial, the 10-year heart disease risk was substantially reduced by 12 - 14% by lifestyle intervention. [28.]

If Menopausal Hormone Therapy (MHT) is being used to manage the menopause, it may also contribute to the prevention of heart disease. If you are less than 60 and / or you are within 10 years of transitioning through the menopause, the benefits of MHT far outweigh the risks involved for the majority of healthy women. [29.]

**Top 10 prevention tips for heart disease in later life**

The menopausal phase in a woman’s life is an important window where preventative measures can be most effective with the right intervention:

1. Stop smoking and avoid second-hand smoke. [30.]
2. Reduce alcohol consumption and follow the recommended daily limits. [30.] Consumption of 1 – 2 standard alcoholic drinks per day may reduce the risk by 30%. [31.], [32.] However, excessive alcohol intake increases the risk of heart disease. [15.]
3. Regular aerobic exercise up to 30 minutes per day at least five times per week. [30.]
4. Healthy diet; reduction in sugar consumption; a low-fat, high-fibre diet including whole grains and fruit and vegetables. [30.], [33.] Five portions a day reduces risk by about 25%. [34.]
5. Control of body weight if overweight or obese. [35.]
6. Consider Menopausal Hormone Therapy in pre-menopausal women younger than 60, not only to help manage hot flushes and other symptoms of the menopause transition but also potentially, to help prevent heart disease. [24.]
7. Lower blood pressure if elevated.
8. Decrease cholesterol. [36.],[37.]
9. Decrease psychosocial stress. [38.] Mental stress-induced myocardial ischemia is associated with an increased risk of heart problems in those with previous heart disease. [39.]
10. Seek expert medical advice.

If you would like to discuss any areas in this information booklet, please arrange a visit to your healthcare professional. It is important that your options and prevention strategies are fully explored.
References


29. Website source: http://www.nhs.uk/Conditions/Heart-attack/Pages/Prevention.aspx


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