

## HEART

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Subjects: People

### Age at menopause not linked to conventional cardiovascular disease risk factors

*But loss of oestrogen does compromise women's heart health, so they should be given HRT, says linked editorial*

The age at which a woman's periods stop, and the menopause starts, doesn't seem to be linked to the development of the risk factors typically associated with cardiovascular disease, suggests research published online in the journal **Heart**.

But the loss of oestrogen production does compromise heart health, so women should routinely be given hormone replacement therapy (HRT) to stave this off, argue specialists in a linked editorial.

Previously published research suggests that the age at which the menopause starts is linked to a heightened risk of cardiovascular disease, particularly if this is before the age of 45.

But no study has looked at the potential impact of the timing of typical risk factors for cardiovascular disease arising after the menopause, such as weight gain and disordered blood fats.

To explore this further, the researchers studied data gathered repeatedly from women between the ages of 36, 53, and 69, all of whom were part of the UK Medical Research Council National Survey of Health and Development.

They looked specifically at increases in blood pressure, unhealthy blood fats, weight (BMI), fasting blood glucose, and waist circumference--an indicator of a potentially harmful midriff bulge--over time--in around 1000 women.

They found no evidence that the age at which the menopause began was associated with a rise in unhealthy blood fats between the ages of 53 and 69, or with rises in blood pressure between the ages of 36 and 69.

These findings held true, irrespective of whether the menopause had occurred naturally or had been surgically induced by a hysterectomy.

There was some link between the age at which periods stopped and increases in weight, waist circumference, and fasting blood glucose. But these changes weren't consistent and the differences were negligible by the age of 69.

This is an observational study, and as such, can't establish cause. But the findings suggest that conventional risk factors for cardiovascular disease aren't to blame for the associations found between loss of oestrogen production and heightened risk of heart disease/stroke, say the researchers.

Although larger studies are needed, "The findings also have important implications for women and clinicians, as they suggest that any impact of age and type of period cessation on conventional [cardiovascular disease] intermediates over the long term is likely to be small," they conclude.

In a linked editorial, Dr Carl Lavie, of John Ochsner Heart and Vascular Institute, and Dr Felice Gersh of the Division of Integrative Medicine, University of Arizona College of Medicine, argue that the loss of oestrogen production is still harmful to women's heart health and that these harms should be prevented with HRT.

It's time to dispel the unintended scary legacy of the Women's Health Initiative (WHI) study, which tested the 'wrong' hormones on women who were too old, they contend.

"There is...no doubt that with the arrival of menopause, the progression of the insidious diseases of ageing, and of [cardiovascular] dysfunction, accelerate," they write. "Estradiol, the principle oestrogen produced by the ovaries, supports all aspects of the [cardiovascular system]," they add.

Yet, despite the wealth of evidence on the myriad ways in which oestrogen protects women's heart health, "it remains entrenched in the medical management of menopausal women that HRT, if prescribed at all, should remain a short term solution, using the lowest dose possible to minimise night sweats, and only be considered for system use to address night sweats and hot flashes, rather than to maintain optimal [cardiovascular] function," they point out.

"Numerous conditions linked to both ageing and oestrogen deficiency, such as joint damage from osteoarthritis, vision loss due to cataracts, tooth loss due to periodontal disease and fractures from osteoporosis, are readily treated by the medical community, so why should the recognised harms of menopause to the [cardiovascular] system not be proactively treated with HRT," they ask?

"The time has arrived to shelve the WHI and its limited applicability to the lives of menopausal women...They deserve to be offered HRT, using hormones identical to those produced by human ovaries, and the hormones should be prescribed in the most physiological manner possible," they write.