NEJM Journal Watch

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Cardiovascular Risks During the Menopause Transition

This scientific statement provides a comprehensive review of the data linking the menopause transition to cardiovascular risk.

Sponsoring Organization: American Heart Association

Background and Objective

The menopause transition (MT) occurs when menstrual cycles become variable or other menopause-related symptoms begin and is separated into seven stages with varying duration, hormone levels, and symptoms. This statement highlights the adverse cardiometabolic changes in women during the MT and suggests possible interventions.

Key Points

- Although women develop cardiovascular disease (CVD) later in life than men, CVD remains the leading cause of death in women. The MT marks a period of accelerated increases in CV risk but remains understudied.
- Early-onset menopause (before age 45) is associated with higher risks for coronary heart disease and heart failure.
- Early menopause caused by bilateral oophorectomy without estrogen replacement is associated with higher CVD risk. For these women, hormone therapy is recommended at least until age 50 (median age of menopause).
- Declining estradiol during the MT has been linked to heart fat deposits, and the MT is associated with higher central/visceral adiposity and decrease in lean muscle mass, which in turn result in adverse cardiometabolic profiles.
- Vasomotor symptoms associated with MT are linked to dyslipidemia, insulin resistance, and hypertension.
- Sleep disturbances and depressive symptoms, common complaints during the MT, are associated with worse CV health status.
- Although only one study has focused on prevention during the MT, studies of postmenopausal women show that lifestyle interventions are useful in lowering adverse cardiometabolic risk factors.
- Hormone therapy can improve cardiometabolic health and reduce CVD when initiated at MT but might be harmful when initiated in older women or >10 years since menopause.
- Although most contemporary CVD prevention guidelines do not explicitly address MT, the 2018 lipid guideline considered premature menopause as a risk-enhancing factor that may favor statin initiation.

COMMENT

This scientific statement highlights menopausal status as an essential consideration in CV risk assessment and in guiding preventive strategies. The MT is associated with adverse cardiometabolic profiles and CVD risk, independent of chronological age. Detailed evaluation of timing, etiology (natural versus iatrogenic), and menopausal symptoms should be part of our routine clinical evaluation of our female patients. Researchers should prospectively test lifestyle and pharmacological interventions to reduce CVD risk in women during the particular vulnerable MT. Updated practice guidelines should specifically note how to assess and manage menopause and its cardiometabolic sequelae.

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