

Heart disease, perimenopause and menopause

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Heart disease refers to a range of conditions that affect the heart and circulation, including coronary heart disease, congenital heart disease, atrial fibrillation, heart attack and stroke. Although it's often associated with men, heart disease is the leading cause of death for postmenopausal women – and the risk of heart attack is five times higher after the menopause than before.

Estrogen and heart health

The hormone estrogen plays an important role in protecting your cardiovascular health, and it helps to reduce your risk of a heart attack in the following ways:

- It allows your blood vessels to relax and widen so that blood can flow through them easily. This helps to keep your blood pressure down

- It reduces the levels of 'bad' cholesterol in your blood. This is a type of fat that can clog the arteries and increase the risk of heart attack and stroke

- It reduces inflammation in the lining of your blood vessels

- It increases levels of nitrous oxide, which is a chemical known to relax and widen blood vessels

- It supports the conducting system of the heart

As levels of estrogen fluctuate and fall, you might notice symptoms such as racing or irregular heartbeats or palpitations, or an increased awareness of your heart beating – this sometimes happens during a hot flush. The sensation can be worrying, especially if you have a history of heart problems.

Many women with no history of heart disease become worried when they first experience palpitations and see a healthcare professional for further investigation and reassurance. In some cases, they may be referred to a cardiologist as a result of these symptoms, and be prescribed medications that later turn out to be unnecessary as the palpitations can often resolve when estrogen is replaced by taking HRT.

HRT and heart disease

Many people who have a history of heart disease, such as a heart attack or blocked arteries, or have had a stroke, assume (or have been told) that they can't take HRT but this isn't usually the case.

Estrogen taken through the skin in a patch, gel or spray does not have an increased risk of clot or stroke. If you need to take a progesterone as part of your HRT, micronised progesterone (Utrogestan) is recommended and this does not increase your risk of clot either.

Synthetic estrogen taken in tablet form can slightly increase the risk of blood clots, deep vein thrombosis and stroke, but the overall risk of stroke in women under 60 is low and the increased risk is greater if you are overweight and don't exercise.

It's important to receive individualised advice, so your cardiologist and a menopause specialist may need to work together to manage your cardiovascular and hormone health in tandem.

Reducing your risk of heart disease

Recap:

Perimenopause is when you still have periods (even if irregular) but have menopausal symptoms

Menopause is when it's been 12 months or more since your last period

Evidence shows that if you start HRT during your perimenopause, or within 10 years of your menopause, you have a lower risk of developing heart disease than those who don't take HRT.

The impact of starting HRT more than 10 years after menopause on the risk of heart disease is likely to be neutral or possibly beneficial if you use estrogen through the skin and take micronised progesterone.

If you have an early menopause or surgical menopause before the age of 40, you are at higher risk of cardiovascular disease, so it's important to discuss possible treatments with your healthcare professional and perhaps a menopause specialist. Treatments include taking the contraceptive pill or HRT until you are at least 51 years old, which is the average age for menopause. Many women then continue to take HRT after this age.

Supporting your heart health

There are lots of other things you can do to support your heart health and reduce your risk of heart disease and stroke.

These include:

- Checking your blood pressure regularly and taking any prescribed blood pressure medicines

- Checking your cholesterol and taking any prescribed medications

- Cutting out or limiting your alcohol intake

- Stopping smoking

- Taking regular exercise

- Eating less saturated fats

- Reducing your salt intake

- Maintaining a healthy weight

- Eating a healthy diet made up of a wide variety of plant-based foods

- Avoiding processed foods

- Managing your levels of stress and finding ways to relax on a regular basis