

# Early menopause may raise the risk of several heart conditions

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Women who experience menopause before age 40 are at higher risk for several heart conditions, according to preliminary research to be presented at the American Heart Association's Scientific Sessions 2019—November 16-18 in Philadelphia.

In the largest, single study to-date of diverse [heart](#) disease risks relative to age at [menopause](#), researchers used the UK Biobank to examine data on more than 144,000 [postmenopausal women](#) (average age 60), including about 4,900 women who experienced menopause "naturally" (i.e., spontaneously) before age 40 and about 640 who entered menopause before age 40 after their ovaries were removed surgically.

During an average of seven years of follow-up, researchers found:

- Women who had experienced [premature menopause](#) were significantly more likely to develop conventional heart disease risk factors, such as [high blood pressure](#), high levels of "bad" cholesterol and Type 2 diabetes.
- Even after accounting for conventional risk factors, women with premature menopause still had a significantly increased risk of coronary artery disease, [heart failure](#), thickening and narrowing of the aortic valve, atrial fibrillation (an abnormal heart rhythm) and blood clots forming in the legs or lungs.
- The heart disease risks were higher for women who experienced menopause due to surgery compared to natural menopause. Some of this risk difference may be explained by differences in

cardiovascular disease risk factors.

- Whether or not a woman took hormones for menopausal symptoms did not change the cardiovascular risks.
- Menopausal age prior to age 50 had a dose-dependent effect on cardiovascular disease risk, meaning risk continued to increase with younger menopausal ages.
- Increased cardiovascular risks lasted for decades after menopause.

"Our study reinforces the importance of menopause history in informing a woman's risk of future heart disease," said Michael Honigberg, M.D., M.P.P., lead author of the study and a cardiology fellow at Massachusetts General Hospital and Harvard Medical School in Boston. "Women should make sure their physician knows their menopause history, particularly if they experienced menopause before age 40. History of premature menopause should prompt physicians to refine the patient's estimated future risks for heart disease and to work toward lowering their heart disease risks."

He said early evaluations could lead to intervention and medication recommendations. "Whether or not medications are warranted, eating a heart-healthy diet and exercising regularly may be especially important for women with a history of premature menopause," Honigberg said.

Guidelines published in 2018 by the American College of Cardiology and the American Heart Association on management of cholesterol and in 2019 on the prevention of heart disease both recommend that physicians consider a history of premature menopause (defined as menopause before age 40) when making decisions about prescribing a statin (cholesterol-lowering) medication for middle-aged women who have not yet developed heart disease or stroke.

The UK Biobank has the advantage of extensive and detailed

information on a large number of people; however, because most participants are white, the results of this study may not be generalizable to other ethnic groups. In addition, UK Biobank participants as a group are healthier than the general public, therefore, it is possible that these results underestimate the true effects of premature menopause.

Provided by American Heart Association

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