

Sleep problems linked to heart health risks during and after menopause

December 5 2023, by Laura Williamson



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How well a woman sleeps—not just how long—as she transitions through menopause may affect her projected risk for heart disease and stroke, new research suggests.

The study found [women](#) who were peri- and postmenopausal who experienced a range of [sleep disturbances](#) scored worse on key measures of cardiovascular health than their premenopausal peers. The [findings](#) were presented in November at the American Heart Association's [Scientific Sessions conference](#) in Philadelphia and are considered preliminary until full results are published in a peer-reviewed journal.

"Women who are going through menopause should definitely keep an eye on their [sleep habits](#) and take this seriously," said the study's lead investigator, Dr. Brooke Aggarwal, an assistant professor of medical sciences in the cardiology division at Columbia University Medical Center in New York City. "They should know that sleep disturbances are common and something they may need to discuss with their health care team."

Prior studies show roughly half of women going through menopause report trouble sleeping, particularly difficulty staying asleep or waking up too early. The risk for sleep apnea, which may be related to hormonal changes and [weight gain](#), also increases during this period of a woman's life. Obstructive sleep apnea, the most common type, occurs when blocked airways cause breathing to stop and start, preventing the body from getting enough oxygen to feel rested.

Numerous studies have found a link between poor or insufficient sleep and an increased risk for [heart disease](#) and stroke. Last year, the AHA added sleep duration as one of eight key measures of cardiovascular health, recommending adults get from seven to nine hours per night. The other components of Life's Essential 8, or LE8, include not smoking, maintaining a healthy weight, staying physically active, eating a healthy diet and maintaining blood pressure, blood glucose and cholesterol levels within the normal range.

In the new study, researchers investigated whether other aspects of

sleep—aside from how long a person slumbered each night—could be linked to cardiovascular health risks, as measured by how well the women adhered overall and to the individual components of LE8.

The analysis included data for 291 pre-, peri- and [postmenopausal women](#) ages 45 to 55 who were enrolled in a weight study as part of AHA's Research Goes Red, a women's health registry and research platform.

Half the women in the study slept less than seven hours per night, 79% reported poor sleep quality, 51% reported having insomnia, 12% considered themselves night owls and one-third were considered at high risk for sleep apnea. Poor sleep quality was more prevalent in women who had begun or finished menopause than in those who had not yet entered menopause.

Sleep quality, insomnia, sleep apnea risk and being a night owl had an impact on overall cardiovascular health, as well as the individual components of LE8.

Women with poor sleep quality were three times more likely to have poor overall cardiovascular health scores. They were also more likely to score low on the diet component.

Women who were night owls and at high risk for sleep apnea had a threefold higher risk of poor overall cardiovascular health scores. Being at high risk for [sleep apnea](#) also was associated with poor scores for [blood pressure](#), blood glucose and weight. Insomnia also was linked to poor scores for weight.

"For women in this age group, there is a vulnerability to both heart health issues and sleep problems," said Dr. Michael Grandner, director of the sleep health and research program and an associate professor in

the department of psychiatry at the University of Arizona in Phoenix.

Because women often juggle multiple challenges at this stage of life, such as being at the top of their careers and simultaneously caring for aging parents and teenagers, "they might just assume these sleep problems are due to stress," said Grandner, who was not involved in the new research.

They may also be experiencing the beginning stages of chronic illness that can accompany midlife, increases in weight and inflammation and other factors that make getting a good night's sleep more difficult, he said. But that doesn't mean poor sleep is inevitable.

"Women shouldn't let anyone tell them that it's just fatigue or that it's just part of being in this age group," Grandner said. "It's a sign there might be something worth fixing. If they're struggling with sleep and it's impacting their day, they shouldn't just excuse it away. It could have an impact on heart health, and there are solutions out there that can reduce those risks."

The first step is to see a health care professional or sleep specialist to identify the problem, he said. Many sleep problems can be prevented or improved by adopting good sleep practices, such as allowing yourself sufficient wind-down time at night, creating a dark, sleep-friendly environment, reducing stress, caffeine, nicotine and alcohol, increasing light exposure and [physical activity](#) during the day and setting a regular bedtime and wake time. For more severe problems such as insomnia, cognitive behavioral therapy or, if necessary, medication can help.

Sleep apnea also can be treated through healthy lifestyle changes such as weight loss and increased physical activity or by using a breathing device or mouthpiece.

Ignoring sleep problems could have serious consequences for heart [health](#), Aggarwal said.

"Menopause is an early window for the prevention of cardiovascular disease," she said. "This is really a critical time period in a woman's life and there is much that can be done to reduce cardiovascular risks so women can live longer, healthier lives."

More information: Brooke A Aggarwal et al, Associations Between Multiple Dimensions of Poor Sleep and Life's Essential 8 Cardiovascular Health Score During the Menopausal Transition: Findings From the AHA Research Goes Red Weight Study.

www.abstractsonline.com/pp8/?....71/presentation/9760

Provided by American Heart Association

Citation: Sleep problems linked to heart health risks during and after menopause (2023, December 5) retrieved 8 May 2024 from <https://medicalxpress.com/news/2023-12-problems-linked-heart-health-menopause.html>

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