Editorial

Cardiovacular Diseases MHT and Midlife Health

Menopause is a natural and inevitable part of a woman's life. It is a time when sex hormones such as estrogen and progesterone decrease, and following this, certain changes occur in the body. The process of menopause starts in midlife around 35–40 years of age.

This is known as the transition to menopause or perimenopause.

The best part of menopause that menstruation stops, there is no chance of pregnancy and the couple can continue with their sex- life. Time to enjoy!

While going through perimenopause, women start experiencing certain symptoms.

The vasomotor symptoms like hot flashes, sleep disturbances, night sweats. The cognitive impairment (brain fog) related to problem of decision making, learning and retaining new information, concentration, and increase in forgetfulness.

This is an opportunity and time of preparedness for women to consult the midlife practitioner physician to understand the immediate, intermediate, and delayed effects of menopause and how to deal with it.

The immediate effect of menopause are vasomotor symptoms and cognitive impairment; the intermediate effects are GSM, obesity, the long term effects are cardiovascular diseases,osteoporosis and cancers.

The risk stratification, screening for prevention and early detection of problems and focus management to be discussed. Counseling is an integrated part of midlife health.

Cardiovascular diseases[1] (CVDs) are the first cause of death in the world; the second is cancer. CVDs are common for both men and women, there is difference in clinical symptoms pathophysiology and response to the treatment. CVD is underdiagnosed, and women have a lower perception of the risk. The failed recognition of symptoms leads to a delay in the diagnosis of CVD.

Sex steroids have a great effect on the risk of coronary heart disease. Loss of ovarian hormones leads to increase in LDL-C, triglycerides, and decrease in high density lipoprotein cholesterol (HDL-C).

Prevention of cardiovascular disease should begin early for both men and women, consultation during the perimenopausal and menopausal periods are an ideal opportunity to assess the cardiovascular risk. Early menopause is generally referred to the suprior risk of CVD.

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The results of postmenopausal hormone therapy on CVD risk remain controversial.[2] The data suggest that oral or transdermal HT does not increase the risk of heart disease. On the contrary, observational studies showed the beneficial cardioprotective effect can be obtained with the use of low dose HT. The use of HT may delay the progression of thickness of intima-media layer of the carotid arteries, which in turn leads to atherosclerosis and coronary calcification. The transdermal estrogen patch at a dose of <50 µg/day in combination with micronized progesterone seems to be an innocuous choice.[3,4]

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