



When women enter menopause it is important to remember that there are other significant health issues to address. Dr. Leslie Poor reminds us that the number one health risk for women is heart disease. Attention to all aspects of a woman's health will promote healthier individuals for years to come.

— Beverly Vaughn, MD, Medical Coordinator
of the “Menopause and You” Program



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Sixty-four million Americans suffer from cardiovascular disease (CVD), women comprise 54% of these Americans. CVD is the leading cause of death in women, accounting for 1 in 2.5 deaths in woman compared with breast cancer causing 1 in 30 deaths.

Despite improving diagnostic and therapeutic tools, trends in women's mortality have not improved in recent years. This trend may be related to increases in the prevalence of several risk factors including obesity and diabetes. Hypertension is the most common modifiable risk factor.

Defining Hypertension

Hypertension is defined as a blood pressure \geq 140mmHg systolic and \geq 90 mmHg diastolic. Women's risk for developing hypertension increases with age due to increased stiffness and pulse wave velocity in conduit vessels. Women have lower systolic blood pressure than men do in early adulthood. After the fifth decade of life, the incidence of hypertension increases more rapidly in women than in men. Studies have found significantly higher blood pressure in postmenopausal versus premenopausal women. The menopause-related increase in blood pressure has been attributed to a variety of factors including estrogen withdrawal, weight gain and

overproduction of pituitary hormones. During the fifth decade the prevalence of hypertension in women exceeds men.

Hypertension Awareness

Women are more likely than men to know that they have hypertension and to have it treated. However, women are less likely to have their blood pressure controlled. Observational data from the Women's Health Initiative (WHI) underscore the gravity of the hypertension problem in menopausal women. The WHI is best known for its finding on the effects of hormone replacement therapy on breast cancer and cardiovascular disease including 98,705 menopausal women, ages 50 to 79. The prevalence of hypertension was 38%. Among the hypertensives only 36% were controlled while 64% were on treatment. Prevalence rates were directly related to age. Obesity and lack of moderate or strenuous physical activity were major determinates of hypertension prevalence.

Systolic & Diastolic Blood Pressure

After age 65, systolic hypertension is highly prevalent. The systolic blood pressure increases throughout the entire life span. Diastolic blood pressure tends to fall after age 60. After menopause, the increase in systolic blood pressure per decade was 5 mmHg greater.

Treating Hypertension

Evidenced based guidelines recommend life-style interventions for all women with hypertension. Aerobic exercise and weight loss are the most effective in reducing blood pressure. Life-style modification helps to prevent the progression to higher blood pressures and reduces the need for pharmacologic treatment. Optimizing blood pressure to 120/80 reduces the potential for cardiovascular disease and improves long-term outcomes and prognosis.

This is intended as an information resource providing guidelines for women. As always, check with your own healthcare practitioner with your specific concerns and questions.

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Pharmacotherapy is advised for women with blood pressure greater than 140/90 mmHg. Even lower blood pressure goals are advised for those with diabetes or target-organ damage, such as renal insufficiency or heart failure. Randomized controlled outcome trials indicate that both women and men benefit from anti-hypertensive drug treatments.

Treatment Research Findings

There is a strong evidenced-base from multiple research trials for use of anti-hypertensive treatment in the prevention of CVD in women. Research trials such as the INDANA, HOPE, LIFE, ALLHAT and JNC6 have provided valuable information for physicians to most accurately prescribe medications that best suit an individual's need.*

Determinates of aggressiveness of anti-hypertensive treatments are, in addition to the extent of blood pressure elevation, the presence of co-morbid conditions. Women with multiple risk factors or target-organ damage such as kidney disease or heart failure should be treated to a lower goal and often require combination therapy. These factors play a role in determining a woman's risk for having a cardiovascular event or death from CVD over time.

Physician follow-up for monitoring of both blood pressure and side effects of pharmacotherapy is critical to the medical management and treatment of hypertension in women. Some studies have reported more side effects in women than in men. Women are more likely to develop hyponatremia and hypokalemia associated with diuretic therapy. Women develop a cough related to ACE inhibitors such as lisinopril and captopril, more than men. Leg edema related to calcium channel blockers such as norvasc is more common in women than in men.

Conclusion

Hypertension is the most common modifiable risk factor for cardiovascular disease in women. Evidence-based guidelines recommend both life-style interventions and pharmacotherapy for treatment of hypertension. The growing public health problem of obesity, diabetes, and hypertension underscores the need for prevention and identifying this health problem in women. Optimal treatment of hypertension offers significant hope for preventing cardiovascular disease, the leading cause of death in American women.

*Additional outcomes from these trials can be found in Dr. Poor's article on the www.mainlinehealth.org/whs website.

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