Appraisal on Cardiovascular disease in Postmenopausal ladies

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Introduction

In facts, we believed that premenopausal women are having cardioprotective mechanism by their own endogenous oestrogen. In other hands, the cardiovascular disease is the leading cause of death among postmenopausal women worldwide, for those reasons there are many studies done overseas to counter these concepts, but the answers seem conflicting and encouraging further investigation.

Discussion

The SWAN study was the largest studies in USA, it looked after all women at the transitional menopausal phase with subclinical cardiovascular disease and the consensus was 'All females suffering hot flashes had decreased flow-mediated dilation and greater coronary artery and aortic calcification. Hot flashes reflecting possible underlying vascular changes among middle age females. Additionally, the EPIC study, which was cohort studies run in 23 different centres over 10 European countries found all ladies with earlier or surgical manifestation of menopause at higher risk of cardiovascular disease and recommended for close monitoring. Moreover, the SPECT-China study was looked at the relationship of FSH level and 10-year risk of ASCVD, and the results reflect FSH as a genuine cardio-metabolic markers of ASCVD.

The Greene Climacteric Scale, it was created for all females to identified their menopausal severity in order to treat and control all of their symptoms, besides it includes somatic symptoms, depression, vasomotor symptoms and anxiety, it is also containing the heart rate, Blood pressure, lipids levels and fasting blood glucose. Surprisingly, it was significant to identify ladies at higher risk of atherosclerosis and cardiovascular events. (A Cagnacci et al, 2012).

Conclusion

So, the important questions and physical signs for any individuals is to look for age, gender, ethnicity, family history of premature CVD, smoking status, diabetes, systolic blood pressure, clinical signs of metabolic syndrome, BMI, waist circumference, any clinical signs of hyperlipidaemia and systemic rheumatological disorder and chronic illnesses. Furthermore, the initial important blood test like total cholesterol, HDL, non-HDL cholesterol, haemoglobin A1c among diabetics, and a high-sensitivity C-reactive protein (hsCRP) and other routine labs like complete blood count, renal and liver profile as well as thyroid function.

References

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